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0632

# Oral Hygiene

THE JOHN CRERAR LIBRARY

NOVEMBER 1959

NOV 9 1959



New York at night. The Greater New York Dental Meeting will be held in New York at the Hotel Statler from December 7 to 11, 1959.

*In this issue:*

**PITFALLS IN THE PURCHASE OF A PRACTICE**



Today's High-Speed Procedures  
... Call For THE Anesthetic with

# DPD\*

Yes...patients *do* desire a duration of anesthesia that keeps them comfortable while you do your unhurried, meticulous job...but then doesn't linger unnecessarily long after you've dismissed them.

In fact, isn't that *precisely* the type of duration you, too, desire? Not so short that you have an agitated patient requiring reinjection...not so long that you have a patient disgruntled by protracted paraesthesia.

That's the duration you get with RAVOCAINE HCl 0.4% and NOVOCAIN 2% with NEO-COBEFRIN 1:20,000 and, of course, you also get these other fine features for which this solution is acclaimed:

\*Duration  
Patients  
Desire

- Extremely Fast Onset • Unprecedented Depth
- Unsurpassed Tolerance

Go ALL Modern—Order your supply today  
in standard or short size cartridges.



COOK-WAITE  
*Laboratories, Inc.*

1450 BROADWAY, NEW YORK 10, N. Y.



**RAVOCAINE<sup>®</sup> HCl AND NOVOCAIN<sup>®</sup>**  
Brand of propoxycaïne HCl      Brand of procaine HCl  
WITH **NEO-COBEFRIN<sup>®</sup>**  
Brand of levo-nordefrin

\* NEO-COBEFRIN, NOVOCAIN AND RAVOCAINE are the trademarks (Reg. U. S. Pat. Off.) of Sterling Drug Inc.

XUM

SUPERIOR TO ASPIRIN...

OR BUFFERED ASPIRIN...

# Whenever DENTAL PAIN IS ANTICIPATED

A comfortably relaxed, pain-free patient is more co-operative, easier to work with.<sup>1</sup> Consider, then, the advantages of Anacin.

Anacin is superior to aspirin or buffered aspirin and exerts a *better total effect* in pain-relief. One ingredient (acetophenetidin) possesses more selective sedative action to relieve apprehension and induce relaxation

as well as relieve pain. Anacin has excellent tolerance. No untoward reactions. Preferred by more dentists than any other

analgesia — overwhelming evidence of the clinical usefulness, safety and efficiency of Anacin.



**A**lways

## ANACIN®

FOR A BETTER TOTAL EFFECT

WHITEHALL LABORATORIES, NEW YORK, N. Y.

Reference: 1. Editorial: *The Patient — Her Care and Comfort*,  
J. Mass. Dent. Soc., April, 1954.

# ANOTHER HANAU CONTRIBUTION TO BETTER DENTISTRY

*A uniquely new and functional accessory  
for your operatory*

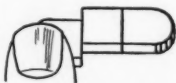


*so simple, so sensible, so convenient...*

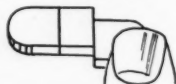
## THREE syringes in ONE

Triplex supplants your present separate water, air and spray syringes. Adapts readily to the warm water and air supply of the dental unit. The Triplex syringe then occupies the same receptacle as the water syringe it replaces.

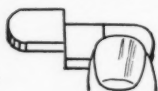
*From a single nozzle...with the flick of a thumb*



**Merely depress button at left for water stream.** Provides a very fine, forceful, non-splashing water stream from dental unit warm water supply or other source.



**...at right for air.** Provides the desired volume of air for all requirements.



**...center and right for atomized spray.** Provides the effective flushing action of an atomized spray, without the necessity of connecting bottle or special nozzle.

Air, water, or spray volumes are adjustable to suit your preference.

**FOR STANDARD UNITS** Available for standard installation on the following units, **ONLY** if units are equipped with warm water syringe reservoir: **RITTER**—H1 to H5 inclusive; G1 to G5 inclusive; **E, F, Trident B, WEBER**—H, J, K, L, M-500 and Unette; **S. S. WHITE**—Master.

**FOR CUSTOM UNITS** Triplex Syringe is ideal for adaptation to custom installations, and can be provided with standard fittings for connections to available or contemplated water and air sources.

Write us or contact your dealer for descriptive literature

## HANAU ENGINEERING CO., INC.

*Subsidiary of American Optical Company*

1233 MAIN STREET

BUFFALO 9, NEW YORK

**DOCTOR...**

# Continuing Studies Confirm GARDOL'S\* EFFECTIVENESS In Caries Control

## RECORD TO DATE

Following Use of Colgate Dental Cream  
containing Sodium N-Lauroyl Sarcosinate\*

TRIALS**	AGE GROUP	GEOGRAPHICAL LOCATION	RESULTS - % REDUCTION IN NEW DF SURFACES	
			DURING 1ST YEAR	DURING 2ND YEAR
1	ADULTS	SOUTH	46%	38%
2	ADULTS	SOUTH	63%	66%
3	ADULTS	MIDWEST	54%	71%
4	ADULTS	MIDWEST	58%	0%
5	CHILDREN	WEST COAST	45%	43%

**CONCLUSION:** The results shown above support the view that the regular use of Colgate Dental Cream will materially assist your patients in their personal efforts to combat tooth decay.

Significantly, these results—based on several two-year clinical studies—were consistent and free of all adverse side effects. They involved both adults and children in a wide variety of geographical locations.

\*Gardol is Colgate's Trade-Mark For Sodium N-Lauroyl Sarcosinate. This ingredient in Colgate Dental Cream is safe for children of all ages since it does not stain teeth or endanger developing tooth enamel.

\*\*Detailed information available upon request.



**Colgate-Palmolive Company, 300 Park Avenue, New York 22, N.Y.**

# The Publisher's CORNER

By Mass

No. 460



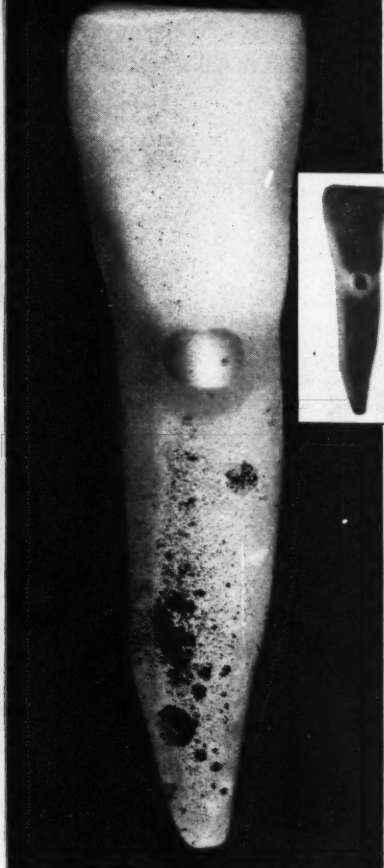
## A SALUTE TO DOCTOR HAYDEN

MAINE's oldest dentist is still practicing at the good old age of 90. Doctor Frank A. Hayden says he doesn't have any retirement plans right now. But after 60 years of practice, the doctor admits being "kind of sick of working," "but I'll go on as long as my hands don't shake."

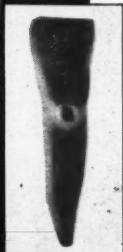
Now practicing in Norway, Maine, the doctor is described as "the dapper, white-haired dean of Maine dentists." He is a graduate of Tufts Dental College, class of 1900.

A native of Norway, Doctor Hayden is the last of 12 children. The bespectacled dentist went to work in the old Norway shoe factory, following graduation from high school. He had wished to study medicine but could not find an apprenticeship to serve with a physician as was the custom in those days. He finally got an opportunity, he said in his soft low voice. He was to be allowed to help in his brother-in-law's dental office. The dentist was impressed with the lad's work and insisted that young Frank study dentistry.

*(Continued on page 6)*



COURTESY DR. E. E. HAMILTON



so little ...

yet  
so  
supreme!

### supreme preservation...

Though scarcely bigger than the minimum, the restoration in this lower incisor safeguarded the tooth to the maximum. Its defense against caries was so complete, so supreme, it preserved the tooth's appearance for 51 precious years!

### *Could such supreme preservation be matched?*

Not only was the cavity prepared so as to avoid destruction of tooth structure unnecessarily; the surfaces operated on were protected so effectually as to preserve them unmarred to the very end. There is no discoloration whatever. Nor even discoloration!

What but Gold Foil could so conserve, and then so preserve? Could any other restoration have so preserved even half as long? Manifestly Gold Foil is unique and unequalled. Manifestly there is no better way to prevent the recurrence of decay—to keep little cavities from getting big!

To learn more about this wonderful material, mail the lower portion of this page with your card or letterhead to **Morgan, Hastings & Co.**, 2314 Market Street, Philadelphia 1, Pa.—Established 1820.

*Only with*  
**GOLD FOIL**  
*can little cavities*  
*stay little!*



During his three years at Tufts, Frank recalled that he had had to make his own instruments. "I made four dozen instruments during my first year, along with my other school work."

Passing the Maine dental board, the doctor for three years became associated with his brother-in-law in Norway. Then he conducted his own office in Portland for four years. He moved to Chelsea, Vermont, in 1920. He returned in 1927 and opened his present office.

Doctor Hayden is married and has lost both his children. He has a grandson in the Air Force.

He speaks with quiet pride of his patients. He still has many of the patients who came to him 30 and 40 years ago.

Every morning, he opens his office at 8 and puts on his white coat. He's been doing that for about 60 years. He leaves for the day at 1 p.m.

ORAL HYGIENE salutes you, Doctor Hayden!

## Use **STERO-OIL**

**"the original handpiece bath"**

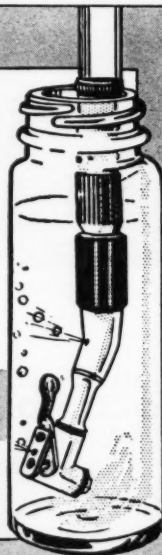
Simple **One Bottle — One Operation** method saves time, trouble and money!

Give your dental handpiece and contra angle complete **Stero-Oil** care. It cleans, lubricates, inhibits rust, prolongs handpiece life, helps keep handpiece sanitary . . . at a surprisingly low cost!

Protect your equipment with efficient **Stero-Oil** . . . Order from your dealer today.  
MAILING ADDR. SS:  
724 FOURTH AVE.  
SAN DIEGO 1, CALIF.

Economy  
Pint Bottle, \$4.50  
Operator's Bottle, \$1

**STERILE PRODUCTS COMPANY**  
SAN DIEGO 1, CALIFORNIA



SPECIFY WITH THE NEW UNIVAC-VERIDENT DUAL-DIAL COLOR GUIDE



*exquisite beauty...*  
IN A PORCELAIN FOR PERFECTIONISTS



# UNIVAC<sup>®</sup>

LIFELUCENT PORCELAIN ANTERIORS

*The exquisite beauty of Univac  
... greatly welcomed  
by the Profession ... is equally appreciated by  
patients. Select Univac Anteriors for your next case—  
choose from the most complete range of  
sizes, outlines and labial detail. Univac lifelucant  
porcelain is dense, voidless and strong ... fired  
in specially developed electronically  
controlled Univac Vacuum Furnaces.*



ASK YOUR UNIVERSAL DEALER FOR THE NEW UNIVAC MOLD CHART—OR WRITE DIRECT

UNIVERSAL DENTAL COMPANY

• 48th at BROWN STREET

• PHILA. 39, PA.

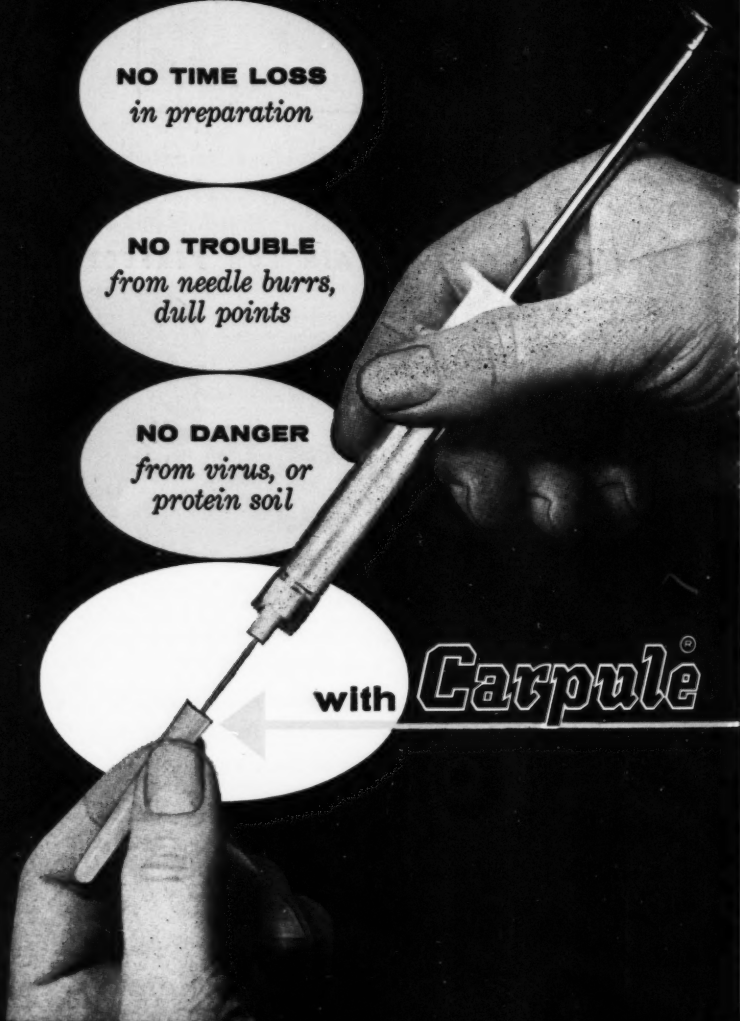
**NO DOUBT**  
*as to sterility*

**NO TIME LOSS**  
*in preparation*

**NO TROUBLE**  
*from needle burrs,  
dull points*

**NO DANGER**  
*from virus, or  
protein soil*

with **Carpule<sup>®</sup>**



### SAFETY FOR THE PATIENT

Because interior dimensions of needles are infinitesimal, they are difficult to clean . . . and unless they are clean, sterilization even under ideal conditions is difficult, and under conditions less than ideal, frequently impossible. It is an established fact *dental needles can transmit viral hepatitis*.

The Carpule Sterile Needle eliminates this hazard. Use it once . . . throw it away. Guaranteed sterile . . . subjected to two-week culture tests, this needle is as safe as the anesthetic itself.

### COMFORT FOR THE PATIENT

The sharp Huber Dental Point is more easily inserted . . . there's less trauma for the patient, greater accuracy for the dentist.

### CONVENIENCE FOR THE DENTIST

Carpule Disposable Sterile Needles are work-savers. They end the waste of valuable time lost in needle preparation: dis-assemble, wash, scrub, autoclave, re-assemble, pack for storage.

### ECONOMY, TOO!

Carpule Disposable Sterile Needles cost 25% to 40% less than other cartridge needles depending on brand. Add to this low cost the real money savings from elimination of expensive handling in the office, and you quickly see that Carpule Sterile Needles offer exclusive benefits you can't afford to be without.

## DISPOSABLE STERILE NEEDLE

Another Pioneering Advance from

**COOK WAITE**  
*Laboratories, Inc.*



1450 Broadway • New York 18, N.Y.



  
SIEMENS

## DENTAL-UNIT

*SIRONA*

Dual Switch  
Control  
Gives  
Full Range  
Performance  
from  
Ultra Low  
to  
Ultra High  
Speeds

SIRONA . . . SIRONA . . . the  
name you hear more and more  
wherever doctors gather. Why?  
Because this new dental unit em-  
bodies every need and is manu-  
factured with the precise con-  
tinental craftsmanship which  
means lasting quality. Service?  
Yes, from coast to coast by quali-  
fied technicians.

# Ultimate in Perfection

distributed through dealers only

Siemens-New York Incorporated, Dental Division  
118 East 28<sup>th</sup> Street New York 16, New York

## ASSURED SHADE FIDELITY

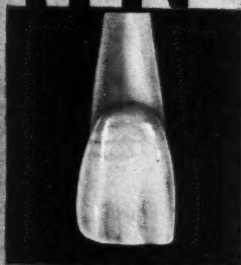
# NEW ACRALAIN

NEW ACRALAIN affords the perfect blending and assured shade fidelity — for jackets, pontics, etc. — that make your restorations a true rival of nature —

- Pigments are internally polymerized into the polymer particles.
- Shades are completely locked in to match the New Hue and Bioform\* system with batch-to-batch shade fidelity.
- Compatibly cross-linked, graft type co-polymers assure high resistance to change and distortion... maximum hardness and abrasion resistance.

Write for detailed information.

\*Trade Mark  
The Dentists' Supply Company of N. Y.



ACRALITE **88**

The original self-curing denture material... ACRALITE 88 provides color stability and unusual strength. Impartial tests indicate that ACRALITE 88 provides the greatest accuracy and dimensional stability of any type of denture material.

### ACRALITE

SUPERIOR PRODUCTS FOR MODERN DENTISTRY  
Acralite Co., Inc.—59 Kent St., B'klyn 22, N. Y.



# GOLDEN RETRIEVER

We've retrievers deluxe not only of the gold that's in your dental scrap, outmoded jewelry and spectacle frames, grindings and sweeps . . . but the platinum, palladium and silver as well. We're dogged in our tenacity to satisfy you fully as we have satisfied shippers for 47 years.

## SPYCO

Through your dealer, or direct

**SMELTING & REFINING CO.**

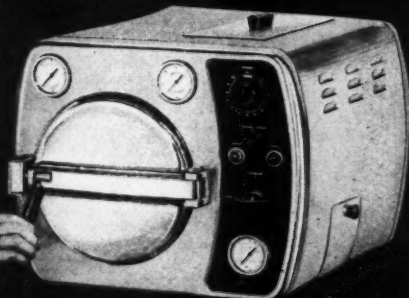
51-57 S. Third St. • Minneapolis 1, Minn.

# automation

*at its finest  
in the new,*

## NEW PEL-CLAVE

MODEL GN



All the splendid features of the popular, double-jacketed FL-2 and HP-2 autoclaves PLUS:

- + SINGLE KNOB CONTROL.
- + THERMOMETER IN DISCHARGE LINE.
- + AUTOMATIC TIMER.
- + LARGE (7 X 14) CHAMBER.
- + SAFETY DOOR. CANNOT BE OPENED UNDER PRESSURE.
- + STAINLESS STEEL CONSTRUCTION.

To sterilize, simply turn control knob to STER, set timer for length of cycle. When exhaust light indicates conclusion of the cycle, turn control knob to EXHAUST, unload the chamber. Complete operation is simplicity in the highest degree.

SEE THIS NEW MODEL AT YOUR DEALER  
... OR WRITE DIRECTLY TO:



the Pelton & Crane company

CHARLOTTE 3, NORTH CAROLINA

You save almost **30%**



## Practical Assortment of New Filling

### Contents

13 Powders\*, 3 Liquids Value \$51.50

Timer . . . . . Value 5.00

\$56.50

Price to You . . . . . 40.00

Your Savings . . . . . \$16.50

This offer brings you three outstanding benefits. (1) Improved silicate fillings with New Filling Porcelain, unequalled for life-like appearance. (2) Uniformly good results with the compact new timer and (3) attractive cash savings. Package also contains a request card for the new Filling Porcelain Color Guide . . . yours, without charge. Order this big S. S. White value now.

*\*TWO POWDERS EACH OF NUMBERS. 1 pale yellow, 5 light yellow, 9 yellow. ONE POWDER EACH OF NUMBERS. 2 pale grayish yellow, 3 pale gray-yellow, 4 pale yellowish gray, 6 light grayish yellow, 7 light gray-yellow, 10 grayish yellow, 11 gray-yellow.*

# with this **TIMER** package



## Porcelain *PLUS* Convenient Timer...



*Use this Timer for better results. It enables you to accurately time the mix, insertion and the period the filling should be held under matrix. Supplied without charge in the Timer package. When bought separately, price \$5.00*



**THE S. S. WHITE DENTAL MFG. CO., Philadelphia 5, Pa.**





FOR OFFICE USE

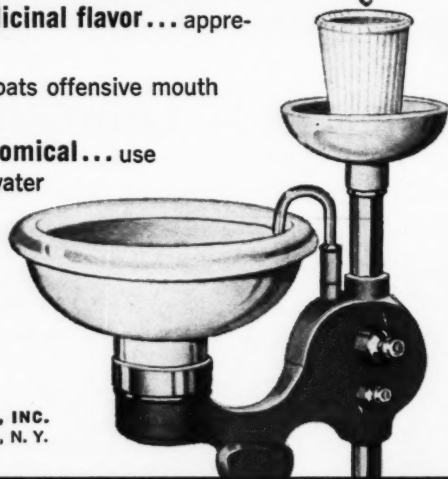
FOR HOME USE

## ASTRING-O-SOL®

- **mildly astringent**...stimulating to tissues
- **cleansing**...flushes away debris, mucus, cuts  
ropy saliva — pre- and postoperatively
- **refreshing, nonmedicinal flavor**... appreciated by patients
- **deodorizing**...combats offensive mouth  
odors
- **concentrated, economical**... use  
just a few drops in water

SEND FOR  
SAMPLES

AMERICAN FERMENT CO., INC.  
1450 Broadway, New York 18, N. Y.



helps your patients to  
master their new dentures  
(only N. F. Gums used)

**KLING®**  
Dental Plate Adhesive



# VIGOROUS

Vigorous personality mold 403



*Swissdent* CR

vacuum fired porcelain teeth

Please turn the page

LITHO IN U.S.A.

*Swissedent CR*  
**Vigorous  
 Personality  
 Molds**

*For your vigorous  
 masculine patients*



LITHO IN U.S.A.



This patient's teeth are vigorous, like *he* is. Masculine in form. Rugged in outline. They reflect his whole vigorous physical personality.

All Swissedent Candulor CR molds were created to project personality. *Delicate* molds for delicate-type feminine patients. *Medium* molds for men and women with medium physical personalities. *Vigorous* molds for robust, active men.

Ask your dental laboratory for the new CR shade guide and Pictorial Mold Guide .... and prescribe Swissedent CR Vacuum-fired teeth, with Personality Molds, for your next denture patient.



*Swissedent*  
 LOS ANGELES        CHICAGO

XUM

**the new, trouble-free, high-speed  
(20,000 to 350,000 RPM)  
EMESCO AIR TURBINE**



**CONTROLLER** allows positive foot control of speed and water spray — no complex electrical circuits to go out of order. Separate pedals operate air and water together, or air only if desired. Simplest possible maintenance, easy installation. Requires 28-30 lbs compressor pressure — 1.5 cubic feet of air per minute.



**HANDPIECE** is comfortable to hold, supplies ample torque, has no maintenance problems. Noise level is 70-75 decibels. Dual jet water spray. Standard friction grip chuck. Supplied with spare turbine assembly — turbine change takes only seconds. Handpiece hanger bracket supplied with unit.

**only \$295.00 with spare turbine**

**New rotor bearings installed — only \$18.00**

**COMPACT.** Nothing to clutter the unit or bracket table arm — the controller is on the floor, takes up less space than this page.

**RUGGED.** Ultra-efficient design eliminates all parts and assemblies that usually cause trouble.

**GUARANTEED.** Controller is guaranteed against mechanical defects for 1 year, handpiece for 6 months.

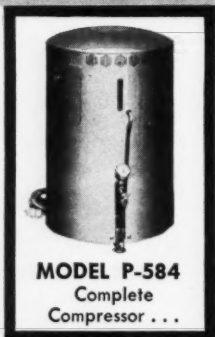
Through your dealer — or write for literature

**Emesco**

**EMESCO DENTAL CO.**

**150 FIFTH AVENUE, NEW YORK 11, N. Y.**

now...  
**the new McKesson Compressor**  
 that delivers  
**4 cubic feet of air per minute!**



housing this entire  
 motor-pump unit and  
 air-receiver...



and sheathed with this green  
 tinted Hammer-finish Cover!

Yes, this new McKesson P-584 delivers twice as much air as Model 581 which recently scored such great success!

Also, when specified, it furnishes pressures up to 100 pounds!\*

Why did we design and build this P-584? Because the whole trend in modern dentistry is for MORE AIR.

High-speed handpieces, new dental clinics, etc., are typical reasons for this.

Here... in the McKesson P-584... is the Compressor which *dares* you to want more air than it will deliver.

Like the 581, it's super-quiet and compact, too—requires only 16" square floor-space.

\*Available whenever customers need such pressures for certain handpieces, etc.



for other exclusive features,  
 full information and prices  
 ... contact your McKesson  
 Dealer! Or Write us for  
 P584 Brochure

**McKesson Appliance Company • Toledo 10, Ohio**

**FOR THE SYSTEMIC  
CONTROL OF  
DENTAL CARIES,  
DOCTOR . . . . .**



# KARIDIUM

T A B L E T S <sup>®</sup>

Each tablet yields one milligram fluoride ion. May be taken as an aspirin, or dissolved in water or fruit juice.

*Cooperation by parents is essential for maximum reduction of dental caries and should be stressed. Instruction that sodium fluoride tablets should be taken conscientiously throughout the period of tooth formation is important.*

**Literature on request.**

**THE LORVIG CORPORATION**

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**Y**OUR POCKETS WILL JINGLE...

when you ship your old gold crowns, bridges, inlays and partials to Goldsmith Bros.

Over 90 years of "know-how" is evidenced in the thousands of satisfied dentists and laboratory men who continue to send all forms of precious metal waste to us for valuation and refining.



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DIVISION OF NATIONAL LEAD CO.

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16D

# Do your patients inquire about Gingival conditions?



## Prescribe Neutrox—the vital link between office treatment and daily home care

When your patients come in with tender, spongy or bleeding gums requiring oxygen therapy, tell them about Neutrox.

The Neutrox formula brings oxygen therapy to its highest point of practical application. It releases 3.7 times more active oxygen than sodium perborate USP with no fear of "perborate burn". That's because Neutrox is buffered to keep pH neutral.

**As an oral rinse:** Neutrox reduces sensitivity and helps promote faster healing of tissue. Its purifying nascent oxygen helps control acute and chronic gum disorders. Your patients will like the way it makes their mouths feel clean again.

**As a daily home dentifrice:** Neutrox combines effective oxidizing action with gentle polishing agents to keep patients' teeth clean and free from stains.

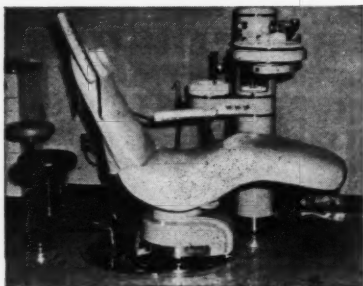
Prescribe antiseptic Neutrox as a supplement to your office treatments.



For complimentary full-size package send letterhead to:

Dental Products Division  
Dept. 401  
Vick Chemical Company

122 East 42nd St.  
New York 17, N. Y.



*Patient*

**COMFORT**

*that* **PAYS!**

The Den-Tal-Ez Chair is designed to give the patient the ultimate in comfort and relaxation. Equipped with gentle massage, its soothing effect promotes a feeling of well-being and reduces tension and apprehension.

The Den-Tal-Ez pays—and pays well—in reducing time per operation and in inducing patient cooperation. Contoured to the body, it has an immediate relaxing effect and eliminates much of the waste time caused by patients' discomfort and anxiety.

It is instantly adjustable to any position from vertical to horizontal, and requires no more room than a regular chair.

The Den-Tal-Ez Chair, in combination with the Two-Unit Swivlstool Operating Seat, makes the ideal comfort-efficiency combination.

**SWIVLSTOOL**



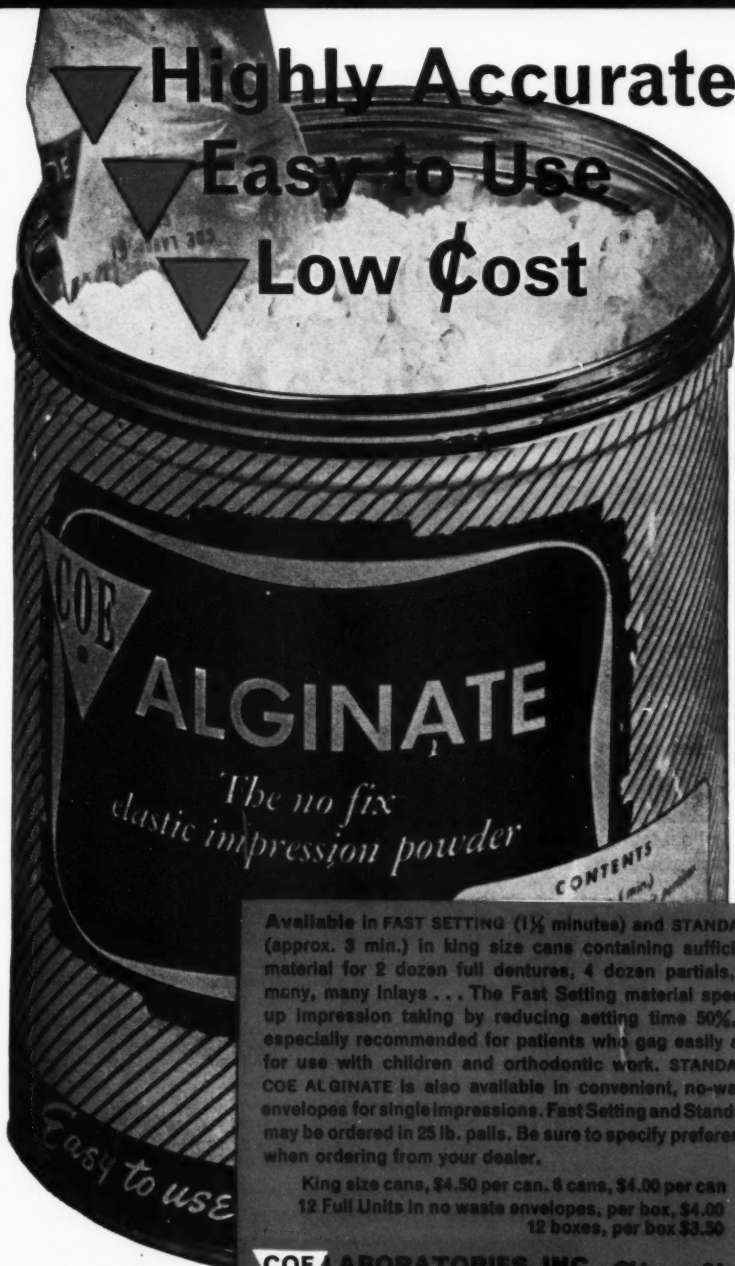
**DEN-TAL-EZ**

*For information, see your dealer or write to the 2 manufacturers: DEN-TAL-EZ CHAIR MANUFACTURING COMPANY, 1515 S.E. DIEHL, DES MOINES, IOWA, for the chair; SWIVLSTOOL INCORPORATED, WARSAW, INDIANA, for the Operating Seat.*

IN KING SIZE CANS

■■■■■■■ IN KING SIZE CANS ■■■■■■■

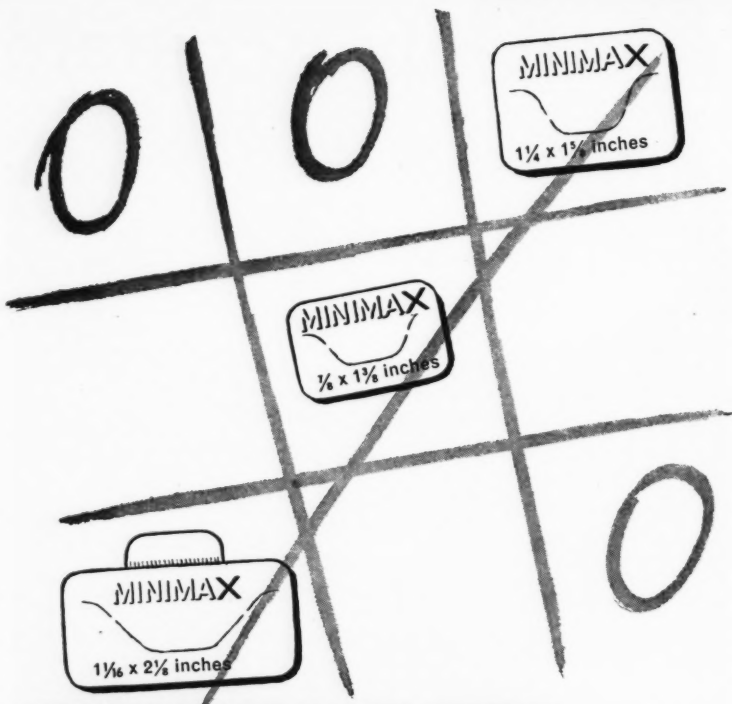
▼ Highly Accurate  
▼ Easy to Use  
▼ Low Cost



Available in FAST SETTING (1½ minutes) and STANDARD (approx. 3 min.) in king size cans containing sufficient material for 2 dozen full dentures, 4 dozen partials, or many, many inlays . . . The Fast Setting material speeds up impression taking by reducing setting time 50%. Is especially recommended for patients who gag easily and for use with children and orthodontic work. STANDARD COE ALGINATE is also available in convenient, no-waste envelopes for single impressions. Fast Setting and Standard may be ordered in 25 lb. pails. Be sure to specify preference when ordering from your dealer.

King size cans, \$4.50 per can. 6 cans, \$4.00 per can  
12 Full Units in no waste envelopes, per box, \$4.00  
12 boxes, per box \$3.50

COE LABORATORIES, INC., Chicago 21, IL



### The Winning Combination... for Quality and Economy

is the Minimax line of dental radiographic films. If you are quality minded and economy minded, too, you are in for a pleasant, money-saving surprise when you order Minimax films. They have a distinctive blue-tinted safety base; produce clear, sparkling images that are easier to interpret. They have well rounded corners, softly curved edges, are odorless, tasteless and saliva proof.

#### STANDARD SIZE PERIAPICAL 1 and 2 film packets.

**Extra Fast speed;** adult molar region, 1 second; lower centrals,  $\frac{1}{2}$  second.

**Intermediate speed;** adult molar region, 4 seconds; lower centrals, 2 seconds.

#### CHILDREN'S "O" SIZE ( $\frac{1}{4}$ " x $1\frac{1}{4}$ ") 1 film packets.

**Extra Fast speed;** molar region,  $\frac{1}{2}$  second; lower centrals,  $\frac{1}{4}$  second.

**Intermediate speed;** molar region, 2 seconds; lower centrals, 1 second.

#### POSTERIOR TYPE 3 BITEWING ( $1\frac{1}{4}$ " x $2\frac{1}{4}$ ") 1 film packets.

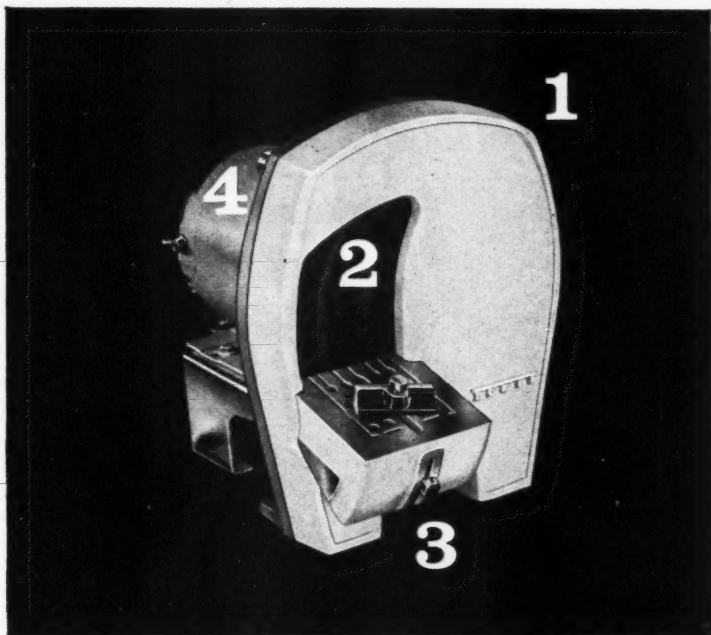
**Extra Fast speed;** Bicuspid molar region,  $\frac{1}{2}$  second.

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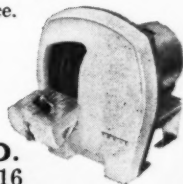


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## *Picture of the Month*



DOCTOR William J. Ream (left), an Ohio dentist, receives a briefing on a new position. He has been elected President of the Akron District Heart Association. With him at the annual meeting are (from left) Mrs. Cayce Deatherage, new Vice President, Doctor William M. Bartholomae, Executive Committeeman, and the speaker, Doctor F. Sones Jr. of Cleveland. At this meeting members of the Akron Association saw a series of hearts in action through the medium of x-ray motion pictures, which had been taken in Cleveland Clinic's Cardiac-Catheterization Laboratory.—*Photograph by Akron (Ohio) Beacon Journal.*



## HOW'S YOUR GRIP, DOCTOR?

*On the golf course, it's usually the man with the perfected grip who wins the tournaments.*

*In extractions the grip is also important. Minimize the force required to grip the tooth with*

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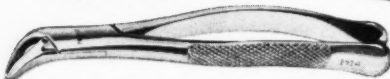
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Kerr Diamond Grip Forceps grip the tooth securely. The Diamond particles bite into the surface of the tooth eliminating the danger of slippage. The tooth is securely held with less pressure thus minimizing the danger of crushing the crown or breaking the roots. Forces formerly required to grip the tooth can now be used in its skillful removal.



# KERR



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# **Pitfalls in the Purchase of a Dental Practice**

**BY CHARLES T. STORDEUR**

***To avoid losses, investigate all aspects of a practice before you invest in it, and seek the advice of a contract attorney.***

IN THE purchase of a dental practice the new owner knows the nature of the physical capital assets that he is buying, the drugs and supplies that he contracts for, and the leasehold improvements that he falls heir to in his purchase. Normally, he has a specific detailing of the history of the practice, insofar as productivity, gross receipts, operating expenses, and net income, are concerned. But what are some of the pitfalls that the naive, or anxious, or trusting purchaser may find to entrap him?

The following points have arisen often to confront the new owner in his practice:

*Introduction to Patients:* The seller did not do any sort of job in conveying the practice to the new owner. This failing may have been represented by a poorly written letter of announcement wherein too brief a story was told; perhaps not fully identifying or describing the talents of the new buyer; not complimenting the buyer; or not "bringing" the patient into the office of the new owner. Reticence on the part of the seller can push the patient to another dental office.

*Exclusion Clause:* The seller, unless deceased or fully retired, did not exclude himself from the sold practice through the normal mediums of specified distance, reasonable length of time, or listing of close personal friends or relatives who would be excluded from the conveyed practice. The buyer should certainly seek counsel to

protect his future interests, insofar as a reasonable exclusion clause is written to keep his newly purchased practice within the limits of his own office and area.

*Normal Shrinkage:* A recent buyer discovered to his amazement that he was suffering a shrinkage somewhat larger than 65 per cent in a practice that had consistently netted the seller in excess of \$20,000 annually. Normal shrinkage is 15 per cent to 22 per cent in the sale of a practice that has been conducted along lines of reason, equity, and fairness. Why, then, was this practice shrinking so disastrously? A close survey and analysis brought out two salient features:

1. The seller lived 21 miles from the site of his practice. Only 50 per cent of his total clientele were residents in the practice area, and the balance came from 5 to 20 miles away for reasons of trust and friendship. After the sale was made, most of these went to offices in their own home areas.

2. The seller was a man of extreme erudition, a true scholar. He attracted patients of a higher type because of his scholarly, gentlemanly attitudes. The buyer was a good dentist, intelligent and able, but in his interests he was at complete variance with his predecessor. Most of the patients filtered away to other choices.

*Personalities:* In some instances, the purchaser has failed to assess properly and appraise the impacts

of sociologic status, of predominating faiths, or of changing economies in a given area. Any one of these can suddenly tighten up what was a prosperous practice for one man to a struggling practice for the buyer, because the patient has been given the opportunity through the sale to divide his interests and to move to the office and practice of his choice.

*Moral Turpitude:* Infrequently a dental practice becomes salable due to reasons of moral defection on the part of the seller. The buyer cannot make provisions for protection within the framework of the purchase agreement. He can, however, ask for a lower purchase price to compensate for a shrinkage of the practice that will be far greater than the average expectancy. Normally, any practice that has suffered real or imaginary moral delinquencies and gossip effects, will suffer two shrinkage periods. The first, and the most pronounced, will occur immediately after the facts become known in the community; the second, will occur at the time of conveyance of the practice to the buyer when the announcements of such sale reach the patients, and when the staff go through the recall procedure.

*Purchase from an Estate:* In the purchase of a practice from an estate, it is a "must" that the practice be conveyed within three to seven days. For every day that passes after the first week, the purchaser is buying more and more of

capital assets only and less and less of the practice. After the second week, a good 40 per cent of the practice will have filtered away to other practices and at the end of 30 days, virtually no practice will remain.

**Rights and Privileges:** In some few instances the buyer has not fully protected himself in the matter of securing rights to the telephone listings of the seller; he has not kept the name of the seller on the door with his own to provide reference; or the lease has been so poorly conveyed that a renewal is impossible, thus forcing a move to other quarters too early for the new practice.

**Maintaining Personnel:** In setting up the details of purchase, try always to retain the seller's staff for a period of at least 90 days. This staff will draw in a great percentage of the patients and will tend to reduce shrinkage drastically. Recalls are accepted as a matter of course from an old, friendly, familiar voice. So is the fact that the practice no longer is that of Doctor "X" but of someone

in whom the staff has such confidence that they are remaining.

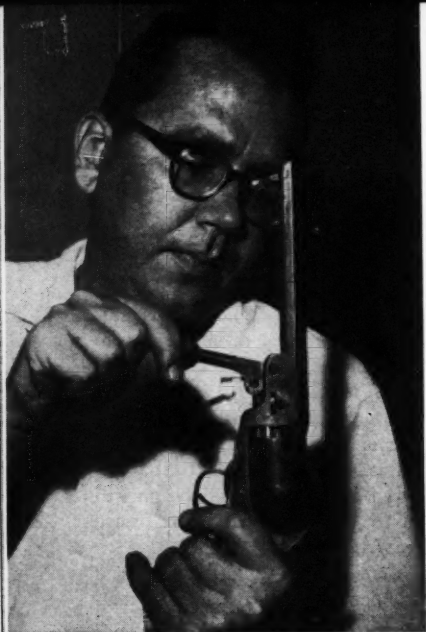
**Fee Schedules:** Another safeguard, not contractual, but of real import, is the establishment of the seller's fee schedule. Too many practices are brought to a position of two-fee scales; one high, one low. Except for isolated discount cases or, perhaps, of charity, there is no place for a two-fee schedule basis. The low will dominate and eventually be the real fee basis. Hence, it must be determined at the outset what course is to be followed, because such a decision will set the effective pattern for future years.

**Conclusions:** In purchasing a practice it is not necessarily a matter of *caveat emptor*, but more a matter of solid common sense. Add the counsel of a contract attorney and the chances of a good purchase are favorable. Successful practices do not dwindle away for no reason. In most instances, they are pushed away and forced into other offices.

510 Huntington Medical Bldg.  
Miami 32, Florida

#### DENTAL ADVANCEMENT

IN 1958 there were forty-seven dental schools in the United States, all associated with universities (an educational goal not attained by any other profession in the United States) and many with teaching hospitals. More than 50 per cent of the dental students of the past decade had a college degree before entering their professional school. The Council on Dental Education's aptitude-testing program, involving more than 5000 prospective students annually, assures promising students for dentistry and lessens the number of academic failures.—*The Journal of the American Osteopathic Association, Philadelphia.*



*Doctor John Palmer works on a muzzle loading, percussion-type antique pistol.*

**His Hobby**

**Intrigues**

**His Patients**

**BY HENRY N. FERGUSON**

SOME people develop a hobby for fun, others for profit; but 35-year-old Doctor John Palmer of Brownsville, Texas, has developed a hobby whose psychologic aspects are advantageous to his practice. On the wall of his private office is one of the best collections of ancient guns in Texas, and patients spend their waiting time eagerly examining the pieces.

His gun collection contains such rarities as a .36 caliber gold and silver Navy Colt which is over a hundred years old, and an English .455 caliber Deane, Adams and Deane hand gun that was run through the Federal blockade for a Confederate officer.

He has a tiny four-barrel Derringer with a revolving firing pin. It is the same type of gun as the one Yancey Derringer carries in his hat for his TV series.

Doctor Palmer even has a pistol that was picked up on the site of the final battle of the Civil War. All history books to the contrary, this last fight in the War between the States took place 33 days after Lee's surrender at Appomatox. It was fought along the banks of the Rio Grande River, at the southern tip of Texas and ended in victory for the boys in gray. Neither side knew the war was over.

The gun found on this battlefield is a .36 caliber, 1851 Navy Colt. It is a muzzle loading, percussion-

**ORAL HYGIENE**

***A collection of ancient guns on display in the reception room has a good psychologic effect on this dentists' patients.***

type weapon, and is beautifully engraved. Doctor Palmer took the gun to his office and cleaned the rust from it with his Airdent equipment. The pistol has been engraved by a man named Wolfe, who had fashioned the hammer in the shape of a wolf's head, the artist's trademark.

Doctor Palmer also has a collection of ancient automobiles. The prize item is a 23-passenger "MAN" car which was built in Germany in 1909 for Mexican President Porfirio Diaz.

The vehicle was built at a cost of

\$20,000, has cut glass lighting fixtures, and an interior inlaid with mahogany. It is decorated inside with moosehide upholstery, has wood and leather covered drawing-room type furniture, and is divided into three compartments. The car has two jump seats on each side for armed guards.

The four-cylinder T-head motor vehicle has been clocked at 60 miles an hour. It is especially equipped for safety while traveling through mountains. If the machine runs into trouble going uphill the driver can release an emergency "anchor" which prevents the car from rolling backward. The

***The 23-passenger, \$20,000 land cruiser known as the "MAN," which was built for Mexico's President Porfirio Diaz.***





***The engraved Navy Colt found at the site of the last battle of the Civil War. The hammer is shaped like a wolf's head.***

"MAN" weighs four and one-half tons, and came complete with a unique innovation for that early day—an electric starter and electric lights.

Unfortunately, Diaz never saw

his fancy car. Before it could be delivered, the deposed president was forced to flee to Europe.

Doctor Palmer entered politics last year and continued right on with his collection interests. He collected enough votes to win himself a seat on the City Commission.

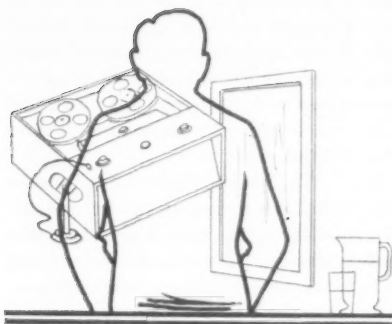
*PO Box 231  
Brownsville, Texas*

### **"I'M GOING CRAZY WITH THE PAIN ON THE SIDE OF MY HEAD"**

THE AREA referred to is usually in the region anterior to the ear, near the temporomandibular joint. Examination of the mouth frequently reveals one of two conditions: flattened teeth or missing molars.

A tense, nervous patient will attempt to control his nervousness by clamping his jaws shut and grinding his teeth together. All the teeth may be flattened markedly, with loss of their normal configuration. The constant pressure on the surfaces of the temporomandibular joints may result in a low-grade, painful, inflammatory condition. A vicious circle of tenseness-pressure pain is set up, with increasing discomfort.

The fitting of proper dentures or appliances on the teeth will help correct the bite. The patients addicted to grinding of the teeth need mild sedation, muscular relaxants, and, at times, rubber mouthpieces to stop the constant trauma.—CAMILLE MERMOD, MD, *Current Medical Digest*



## **"Unaccustomed As I Am . . ."**

**BY M. TRAVASCIO**

***Practice recommended by this author will help you to learn to speak persuasively to groups or to an individual patient.***

TODAY's fresh interest in acquiring public speaking skill is due in part to the realization that there are profitable side benefits to the art.

Of particular interest to the practicing dentist is the fact that many of those working toward improvement in "thinking on their feet" are less concerned about applying the talent before large groups than they are in making an impression on one person. This is due to the discovery that the self-confidence resulting from overcoming fear of public speaking brings new freedom in person-to-person conversations and improves personality characteristics.

In a survey made among a number of men having similar educational backgrounds it was revealed that: Those moving up fastest in their fields possess above average skill at expressing themselves convincingly during conferences and while talking with key officials in their organizations. This is significant to the dentist, even though he may not be competing directly with others. As the more experienced personnel men have pointed out, the ability to "sell himself" as a person draws greater recognition for the quality of the service that a person performs.

Although a dentist must meet and talk with a number of people each day this does not necessarily mean he is applying his capacity for vocal expression most effectively. For instance, one practitioner admitted he installed an FM receiver in his operating quarters so the semiclassical music would bring relief to the silence occasioned by

his apparent inability to maintain a flow of interesting chair-side conversation. This man talks freely with friends and members of his family, but frequently becomes mum just when talking might be beneficial. "I have never had the nerve," he added, "to get up to second a motion at one of our dental society meetings or even offer a comment on a proposal presented for the members' consideration." This is not an unusual condition but is less serious in this instance, because the dentist does recognize the need to bring himself "out."

Using public speaking as a means of accomplishing this objective has been proved successful by both business and professional men. In most metropolitan areas there are centers specializing in such courses of instruction and in many large and small communities the public high schools provide, at little or no cost, training opportunities in public speaking. A young eastern dentist who took such a course learned that it not only "dried up my sweating hands" when he got on his feet to talk, but the class study brought him into association with a larger group of men and women than would have otherwise been possible.

#### **Use of Tape Recorder**

For the practitioner with limited free time there is also a plan of study he may apply within his own home and at his convenience. This involves the use of a tape recorder

and is a method some instructors suggest even though more formal instruction is planned in the future. The dentist who does not have a tape recorder may rent one at little cost from a camera or record retailer.

The voice instructor suggests that the dentist set up the recorder at first in a room that can be shut off from the remainder of the home and in which there is a mirror of generous size. After selecting a short story from a magazine or a speech printed in a local paper, the "student" should then stand before the mirror and read into the microphone for three to five minutes in his normal voice. Then the tape should be played back. The dentist who follows this suggestion may be shocked when he hears his own spoken words. Most people are.

The next step in the training course is to read some other material for three to five minutes, this time making an attempt to round out the slurred words heard during the original play back and add feeling to the spoken sentences.

After a half-dozen sessions of this sort the dentist will be ready to bring his family into the "game." Less embarrassment will be experienced if his wife and sons and daughters are asked to speak their own pieces into the microphone with a period of constructive criticism following each play back. Repeated practice of this sort invariably builds up sufficient interest in the do-it-yourself student for

ORAL HYGIENE

him to search out professional voice guidance. The cost incurred may be as little as the pennies of expense involved in driving to a local high school on up to several hundred dollars depending on the length and inclusiveness of the training.

Instruction in public speaking is recommended as a personality developing aid, because it usually brings quick results. This is due in part to the fact that, like halitosis, even intimates resist mentioning objectionable voice characteristics. Thus a speaking level that is too high or too low for comfortable listening or the faulty pronunciation of certain words becomes an unconscious habit. A voice teacher, however, acts quickly to correct these speaking errors. In addition he works to improve posture and suggests use of the hands to add emphasis to spoken words or to eliminate the "wooden Indian" appearance that results from allowing arms to hang limp and expressionless. Thus the student becomes aware of the part his whole person plays in winning and holding the attention of listeners.

"Progress is fast in acquiring these skills," a public speaking instructor says, "because in everyone there is a little of the *ham*." When a business or professional man becomes aware of the techniques that will help make a better impression on others, he is inclined to put them to work immediately. Which is exactly the reason why those who do become more expert, are noticed more quickly by those they meet individually or in groups. And that appears to be a desirable situation for the dentist interested in gaining wider personal and professional recognition.

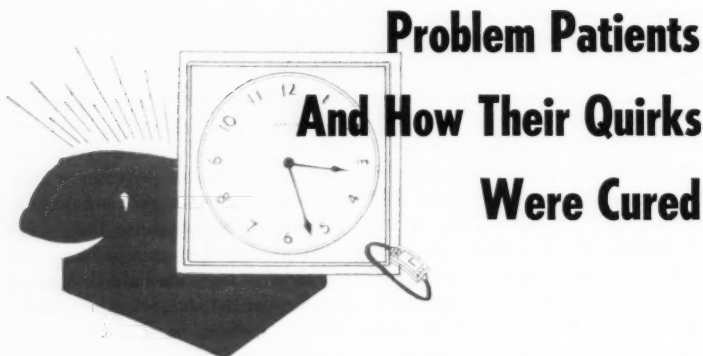
For practice try to:

1. Express your opinions at club, association, and church gatherings.
2. Use moving words, the verbs that add force and motion to your sentences.
3. Study the techniques of the more skilled speakers on television, including the pitchmen who put the hard sell into their commercials.
4. Check on your progress by matching old tapes from your recorder against more recent ones.

934 North 63rd Street  
Philadelphia 31, Pennsylvania

#### PERSONAL VALUES AND BUSINESS DECISIONS

WE BELIEVE that every business situation, in common with all other forms of human endeavor, inevitably involves conflicts of values among the men concerned. Wherever possible, men must strive with good will for an integration of these divergent values, even though that integration may involve compromises which frustrate the individual because what he sees as right varies so sharply from what he realizes is attainable. Men must also be willing to face the tensions that result from those conflicts which prove irreconcilable, knowing that these tensions, too, are part of God's process.—*Harvard Business Review*, Boston, Massachusetts.



## Problem Patients And How Their Quirks Were Cured

**BY M. A. PATRICK**

THE DIFFICULTIES presented by certain dental patients may reach well beyond the oral cavity, according to the interesting and informative reports offered by dentists I interviewed in urban, suburban, and rural areas. The solutions to the problems encountered by these dentists offer factual proof that patients are first of all human beings whose unpredictable actions may have to be modified before they become acceptable dental patients.

Mrs. Jane Franston, for instance, was a patient who apparently checked the time by looking only at the hour hand of her watch. A 2:30 appointment with her dentist, Doctor S, simply meant sometime between two and three. At least it did until Doctor S decided to revise "this woman's understanding of promptness."

This he did by scheduling the patient's arrival at "odd" times such as 11:20, 1:50, 3:10, but never on the hour or half hour. Then to make certain the patient understood the irregular time for her appointment he would ask, "Will 1:50 be satisfactory, Mrs. Franston? Then I will schedule you for 1:50 promptly because I have another patient due in immediately after your appointment." The repetition of the time was intentional since the dentist wanted to impress this on the patient. To make doubly certain he also gave the normally tardy patient an appointment card with the time clearly marked on it.

"Next to his knowledge and experience the most valuable ingredient in a practice is time," Doctor S insists. "And when patients handle it carelessly the resulting waiting can play hob with the

***The personal characteristics of some patients may be even more challenging than their dental needs.***

emotions of even a usually calm and nerve-free practitioner."

"I have found that fear of dental operations can be lessened by calling on a secondary fear," a southern dentist, Doctor M, has found in his dealing with timid men, women, and children who sit in his chair.

When an attractive young girl started to "go all to pieces" this dentist took a positive stand and asked the 22-year-old, "Which do you fear most, the fifteen to twenty seconds of discomfort that is all you will experience during an average dental appointment, or the unfavorable glances young men give girls whose teeth show the results of neglect?" In the case of more adult patients he may ask about the reaction of employers who are considering the advancement of an employee. And to a middleaged matron he has said, "You will forget quickly the seconds of unpleasantness this morning, but will remember for months that you are attractive to your husband."

This technique, Doctor M has found, combines a little flattery that patients welcome and is effective in switching a patient's thoughts from himself to others.

It helps to convert negative reactions to dental operations into positive ones.

A real estate broker who is a patient of Doctor L intimated during a period in the operating room chair that if the dentist would invest some money in a property the broker managed he would "sell" some of his employees on calling Doctor L for dental services. Although the practitioner valued the real estate man as a patient, he recognized the proposition as one in which he had no desire to become involved.

In his reply to the suggestion he used a direct approach. "It would be impractical for me to become a customer of all my patients who are in the selling field," he said. He explained that among those who call regularly for appointments are insurance men, stock and bond salesmen, super-market managers, car dealers, and even one or two others who are in the real estate business.

Then he added, "I won't say there is no such thing as reciprocity in my profession," he admitted, "but when it is reduced to a cold dollar and cents basis the essential dentist-patient relations invariably suffer." Speaking from the patient's point of view, Doctor L insisted that the patient must first of all have confidence and even respect for the dentist's professional capabilities if he is to feel he is receiving the type and quality of dental care he desires.

Doctor L is not certain he convinced the broker that dentistry cannot be practiced on a purely monetary level, but at least the offer of a deal has not come up again during chair-side conversations.

#### **Club Business**

After an eastern dentist, Doctor F, joined a local service club he was not as successful as he hoped to be in avoiding appointment to one of the club's committees. He did, however, succeed in correcting quickly a condition that developed shortly after he was named to such a post.

The assignment in question called for frequent conferences with other club members and also certain non-member citizens of the community. Almost immediately Doctor F began receiving telephone calls from fellow committee members and outsiders asking for suggestions regarding policy moves or to arrange personal meetings. Some of the calls took only a minute or two, some ran longer. But in all cases the interruptions broke into the dentist's operating schedule and required the patient in the chair to wait while the dentist attended to some non-professional detail.

He explained to those working on the committee with him that he was sorry he could not accept calls during the hours he was seeing patients in his office. Not all of them liked it, but he was definite

in stating that his assistant would no longer put through calls to him if they were related to club business. It took a little time to convince some—especially those who were also his patients—that he meant what he said. But in a short time the unwanted calls ceased, and he is convinced the decision has strengthened the club members' understanding of his professional dedication.

#### **Chatty Patients**

Wilma Edgar had referred a number of her friends to Doctor Y, and the dentist welcomed and appreciated these additions to his new and growing practice. But he found it necessary to "raise his guard" when Mrs. Edgar, during her own appointments, became overly interested in the type and extensiveness of the operations her friends required.

"I'm still not convinced it was 'nosiness' on Mrs. Edgar's part," Doctor Y said, "but when I was unsuccessful in shunting our conversation away from such topics I asked this patient, 'Wouldn't you mind if I discussed your dental health with other patients?'"

To the dentist's surprise Mrs. Edgar replied, "Not a bit." So the practitioner revised his approach to the problem by stating, "You might not, but I would, and your friends would probably object too." The woman apparently "got the point" because since then she has found other things to dis-

cuss with the dentist. The practitioner could have explained his professional need for keeping his dentist-patient relations confidential, but he did not feel this patient was the type who would respond readily to such reasoning.

### **Mother's Place**

Not all dentists may agree with Doctor Q, who is convinced that a mother's place is in the reception room while he is effecting dental corrections required by her young son or daughter. "A surgeon does not have the parent of a patient standing over him during a tonsillectomy. He has competent assistants to help him. I do, too."

This man makes it a practice to become acquainted with the youngster in the reception room, invite him to look over the operating room and its equipment, and then ask the mother to wait in the reception room or even to do some shopping. It has been his experience that a child is more inclined to "act up" if his mother is nearby. That is because from infancy the child has been conditioned to expect that an outcry will bring his mother hurrying to his side.

And what does Doctor Q do if

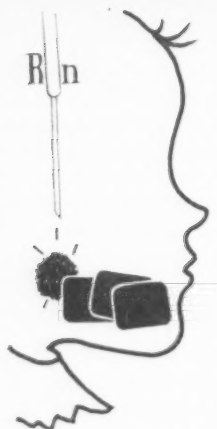
a mother insists she be allowed in the operating room? "I never have that problem," the dentist says. "When a patient mentions bringing in her young child I outline my procedure and emphasize the fact that my assistant will be on hand to play the role of temporary mother." The dentist admits he probably has lost some child patients because of his technique in treating them, but he insists the number is not too large. He also feels he has saved himself time and emotional strain. "Actually," he explains, "most parents are not particularly interested in remaining in the operating room. They simply think it is their obligation."

The reasons for the actions of the dentists whose methods have been combined in this report are summed up in the remarks of one practitioner: "It is my conviction that a dentist operates more efficiently when he molds his patients to his own practices. Otherwise," the dentist added, "it may be necessary for him to adjust to the whims of each patient. And that could require a dozen or more distracting adjustments a day."

1019 North 63rd Street  
Philadelphia 31, Pennsylvania

### **NOTICE**

WHEN you change your address, please always furnish your old address as well as the new one. If your post office has zoned your city, the zone number should be included. Please send address change promptly to ORAL HYGIENE, 1005 Liberty Avenue, Pittsburgh 22, Pennsylvania.



## Consultation Clinic:

### Irradiation Damage to the Developing Dental Tissues

BY ARTHUR ELFENBAUM, BA, DDS\*

***Correction of certain defects  
by the use of irradiation may  
cause other anomalies.***

THANKS to the efforts of many sincere investigators, the fear of irradiation damage in the dental office has been allayed. The alarm raised by the geneticists has been quieted by scientifically conducted experiments, which prove that the amount of radiation received by the patient during intra-oral roentgenography has no appreciable effect on the reproduction of the human race.

\*Doctor Elfenbaum is Professor Emeritus of the University of Illinois and Northwestern University, Consultant in Diagnosis and Treatment Planning at the Dental Training Center of the West Side Veterans Administration Hospital, Chicago, and Courtesy Member of the Medical Staff at the Michael Reese Hospital.

For a time numerous dental patients were uneasy about possible gonadal damage and many refused to have dental roentgenograms taken. Several dentists reported that their assistants became concerned about jeopardizing their future prospects as mothers and refused to continue working in an office where there was an x-ray unit.

Perhaps the readers of this journal might be interested in the report of a case in which irradiation used for *medical* purposes was responsible for serious damage to the developing *dental* structures of a child. The little girl was born with a hemangioma on the right side of the face at the angle of the mandible. As the name implies, the area was crowded with excessive blood vessels, and the parents were shocked to see the fiery red,

disfiguring patch. The defect is also known as a vascular nevus, and is often referred to as a firemark, strawberry mark, or raspberry mark. Against the delicate skin of a newborn child the color is exaggerated. With age, the skin becomes thicker and harder, and quite often the capillaries are compressed and the tissue becomes paler. Cosmeticians have succeeded in developing a covering cream which hides this blemish most effectively. However, in the case under consideration it was decided to use irradiation to shrink the blood vessel walls and force the excess blood out of them. At the age of six months, radium was attached to the girl's face with adhesive, but the results were not satisfactory. When the child was a year old, small radon seeds were embedded under the skin at various intervals over a period of one year until 70 seeds were placed. In addition, some x-ray radiation was administered simultaneously.

#### **Radon Emanations Used**

Radon is a radioactive gas obtained from radium. It is sealed into a tiny gold cylinder, called a seed, which is loaded into a hollow needle and plunged into the tissues. When the needle is withdrawn, the seed remains in the tissue and the radon emanations are effective for about a month. The cylinders become inert and are allowed to remain in place. The treatment was effective, and, with the exception of a few scattered capillaries, the

skin gradually acquired a natural appearance.

The patient's first visit to a dentist was at 4 years of age. A few small amalgam restorations were placed but no roentgenograms were taken. At the age of 7, the girl was referred to an orthodontist for the correction of a Class II (Angle) malocclusion. At first the orthodontist was not told about the hemangioma, but when he saw the set of intra-oral roentgenograms, he noticed the radiopaque images of the gold cylinders, which resembled a series of scattered dashes. What astonished him most were the dental deformities which the roentgenograms revealed. They occurred mostly in the same quadrant in which the seeds were planted.

The right first molar crown was fully developed and partly erupted, but there was no roentgenographic evidence of any root formation. There was no sign of a second molar. A second deciduous molar was present in the arch and its roots appeared to be resorbed, but there was no succedaneous premolar. A first deciduous molar was also in its normal place; it showed evidence of root resorption, but the succedaneous first premolar, as it appeared in the roentgenogram, was severely dwarfed. The deciduous cuspid had been shed several months previously, and, although the patient was only 7, the permanent cuspid was fully erupted, but the crown was much smaller than that of a normal tooth and the root

was puny. The crowns of the four mandibular incisors aroused no suspicion, but their roots were shorter than usual and they were pointed as if they had been put through a pencil sharpener. The left permanent cuspid appeared to be normal, although its eruption was extremely precocious. Several of the maxillary teeth on the right side showed the roots to be slightly pointed. All other teeth seemed to be developing normally.

#### **Dental Structures Affected**

It is evident that the developing dental structures which were within the sphere of radiation emanations were adversely affected. Buds were destroyed, dwarfing occurred, and root development was incomplete, but hastened. The roentgenograms did not indicate that the bone was affected; there was no apparent abnormal radiolucency in the irradiated area. However, this is no guarantee that the bone was not harmed. A biopsy to discover the true condition was not justified. All forms of irradiation have a more damaging effect on young and immature tissue than on structures which are fully developed. It is not surprising, therefore, that so much damage was done to the developing teeth. It is difficult to imagine how such a young child could have tolerated a lead shield between the buccal mucosa and the maxillary-mandibular surfaces to intercept the rays. In any case, the shield could hardly have been made

extensive enough to protect the entire area involved.

Another consideration might have been to let the child grow up before resorting to irradiation of the face. There is always the possibility that the color would have faded as the child grew older. Some therapists inject sclerosing agents into the hemangiomatous area, and others apply solid carbon dioxide or carbon dioxide snow to freeze the skin and shrink the blood vessels. There is also the possibility that the parents were not willing to suffer the embarrassment of being constantly asked about their daughter's disfigurement.

This case has also set up another thought reaction. A few years ago it was common practice for rhinolaryngologists to use x-rays for shrinking enlarged tonsils and adenoids. Tonsillectomy and adenoidectomy had fallen into disrepute, and the irradiation method virtually replaced surgical treatment. Lymphoid tissue is highly sensitive to irradiation and the area is easily accessible. The radiation was applied through the mouth as well as by external portals, but, since most of the patients were young children, it seems logical to conclude that their developing dental structures must have been affected in the cross firing. An interesting research project would be to make a survey of those people who in their childhood days were subjected to irradiation for the treatment of hypertrophied tonsils and

adenoids and scrutinize their present intra-oral roentgenograms for evidence of damage to dental structures. One dentist tried it, but he was so unceremoniously repulsed by the rhinolaryngologists whom he consulted, that he abandoned the project in a hurry. The physician who said to him, "How about

the damage you dentists do to the pituitary and thyroid glands?" really intended to be sarcastic, but perhaps he engendered a thought which is also worthy of investigation.

431 Oakdale Avenue  
Chicago 14, Illinois

### THE COVER

THIS MONTH'S photograph of a night scene in New York represents an invitation to the Greater New York Dental Meeting which will be held in the Hotel Statler December 7 through 11, 1959. Doctor Adolf G. Wagner, Chairman of the meeting, has announced a number of innovations. These include "Special Clinics," 50 minutes in duration, which will cover all phases of modern dental practice. In a Symposia on Research considerable attention will be given to the proper use of antibiotics and tranquilizing drugs. For entertainment and informal discussion the "Luncheon for Learning" has been arranged. At each table there will be an authority on a particular phase of dentistry. While enjoying the luncheon dentists will be able to discuss a problem and find a solution. For complete information and reservations address: Mrs. Mabel Purdy, Executive Secretary, Greater New York Dental Meeting, Hotel Statler, New York 1, New York.

### THEFT-PROOFING

1. Pay more attention to the business side of your practice.
2. Pay your employees adequate wages. In many offices, wages are substandard.
3. Arrange with an auditor to audit your books at least once a year, with spot checks from time to time.
4. Have every employee who has anything to do with money covered with a surety bond.
5. Bank your receipts every day.
6. And most important of all, have a modern bookkeeping system so that entries can be checked and double-checked.

If this is done, the employee will think twice before "borrowing" that first few dollars.—*Medical News*.



# Practice Administration Thought- Provokers

BY CHARLES L. LAPP, PhD,  
and JOHN W. BOWYER, DBA\*

## **Tips for Training Your Dental Assistant**

Many dentists report that they have a problem training their assistants to set up their instruments properly on a bracket table. You might try preparing a layout picture for each setup, which your assistant can refer to (without bothering you). This will help her master bracket table setups more quickly.

\*Doctor Lapp is Professor of Marketing; Doctor Bowyer is Associate Professor of Finance, Washington University, St. Louis.

### **Are There Enough Dentists?**

According to the American Dental Association there are 84,000 dentists in the United States, or one for every 1,667 persons. However, the population load is not so evenly distributed throughout this country. There is only one dentist for every 3,076 residents in the Southeast, one for every 2,962 in the Southwest, whereas New York has one for every 1,127 people.

### **How Tax Deflation May Be Avoided**

Some people still do not realize that life insurance, however payable, is subject to Federal estate tax on the death of the insured, if he is the owner of the policy.

Owning a policy means that the right exists to change the beneficiaries named in the policy, or to take down its cash value, or to pledge the policy as collateral for a loan. If one can see his way clear to transfer these rights irrevocably to another, he can remove the policy from his taxable estate. However, the insured must make certain that his transfer of ownership during his lifetime is complete. To avoid any complication by the contemplation-of-death rule all transfers should be made 3 years before death. (There is no reason to transfer unless a large estate is left as life insurance like other property is subject to the general property exemption of \$60,000. For further information on this point see the book, *LIFE INSURANCE*, edited by Ralph H. Blanchard, McGraw-Hill Publishers 1957, pages 472-473.)

### **United States Treasury Bonds as a Reserve**

Since World War II, certain United States Treasury bonds have been designated as redeemable at par for payment of Federal Estate Tax. Currently there are seventeen series of bonds which offer this privilege. All are selling for less than par; some have been quoted recently at prices 15 per cent and more under their face value as estate tax "legal tender."

### **When to Accept a Speaking Assignment**

If you want to be a successful speaker—do not accept an invitation to make a speech because some good friend asks you to or because you cannot think of any convincing reason why you should not accept. Make a speech commitment only if you think some good purpose will be served and you feel you have something to say that will be beneficial to others. Before you say "Yes" to a speaking engagement, find out the following details:

1. Who the other speakers are, if any

2. Who previous speakers have been, and what subjects they chose
3. Where the meeting will be held
4. The size of the audience and its composition
5. The desired length of the talk
6. If there will be a question-and-answer period—and if so, for how long a time
7. What social or discussion groups you might be expected to attend if you accept the engagement

#### **In Becoming Organized You Can Become Disorganized**

Doctor Norman Vincent Peale recently warned an audience in New York City that one of the inherent problems of the organized individual is that he suffers from the danger of becoming highly disorganized. This danger carries with it a possibility of developing hypertension, heart trouble, nervous breakdown, panic, lack of emotional control—and the loss of inner peace, out of which should come driving energy.

#### **Improving Your Relationship With Auxiliary Personnel**

Doctor David A. Hoffman of Milwaukee, Wisconsin, has found the following helpful in improving his relationship with auxiliary personnel:

1. Hold short staff meetings with all personnel
2. Be informal, but not “buddy-buddy”
3. Discuss special cases with specific assistants—the emphasis being on the good *we* did for the patient.

These suggestions were made in a speech at the annual meeting of the Minnesota State Dental Association, St. Paul, Minnesota.

#### **It Would Not Be Popular**

Those working in offices in Russia do not take coffee breaks—they take calisthenic breaks!

#### **Eligibility for a Small Corporation to Elect to be Taxed as a Partnership**

- Not more than ten stockholders
- No stockholder can be a nonresident alien
- No stock owned by a corporation or a trust
- Only one class of stock
- Not more than 20 per cent of the gross receipts can be from royalties, rents, dividends, interest, and gains from the sales or exchanges of securities

#### **Health Tip for Watching Television**

If you watch television a great deal, it might be wise to get up and

exercise or move about occasionally. Sitting for hours in an awkward position in front of a television set may produce serious circulation disturbances in the legs, including blockage by blood clots, cautions Doctor Meyer Naide of Philadelphia.

#### **Do Not Be Fleeced By Buying Worthless Stock Via a Long Distance Telephone Call**

Sylvia Porter, in her syndicated column warns that some gangsters have moved into Wall Street on a scale never before known. She points out, "Hundreds of thousands of gullible Americans in states across the Nation have been defrauded of many millions in recent months." New York State's Attorney General, Louis J. Lefkowitz, says, "A network of ex-convicts has been operating and the public must be warned!"

When a strange voice comes to you over the telephone with glittering promises, you had better check up before you buy. If you do not you may find you have bought a worthless stock. Also, the Canadian around-the-clock operators are still making telephone sales of questionable stock to many naive persons in the United States.

#### **Foreign Investment Possibility in United States Securities**

If you are traveling in Europe you may find that Swiss banks are becoming as much an attraction for United States tourists as the famous Alps. By establishing Swiss banking connections, an American can buy stocks at far less than the 90 per cent Federal Reserve Board in American accounts. Reason: The Federal Reserve Board has no control over foreign lenders and the Swiss will lend money on United States securities at 25 per cent margin or less.

#### **Mutual Fund Study**

In the August 15 issue of *Forbes* there is a complete study of how the Nation's some 225 open-end investment companies, otherwise known as mutual funds, have performed. *Forbes* shows how they performed under both bull and bear market conditions; how they weathered the recession; how, under all these circumstances, each delivered capital gains, safety, or dividends.

#### **Your Credit Is Important**

The authors of this series had occasion to check the credit rating of dentists and found them classed as below the average. Neither of us feel this is quite a true evaluation. However, the only reason we could find for this rating among banks and credit investigating agencies is

that dental supply houses report that dentists are slow in paying their bills.

#### **Check the Credit of Your Patients**

Possibly some dentists who grant credit to patients and are not affiliated with a bank plan should check the credit of their patients more carefully. You cannot assume because a patient is connected with a company or even some large firm that he is always a good credit risk.

#### **Survey Shows Reason for Variance of Productivity in a Dental Office**

Doctor David A. Hoffman of Milwaukee, Wisconsin, concluded after studying five dental offices with low productivity and five with high productivity, which were on a similar fee basis, that the extreme difference in productivity could be attributed to the following factors:

1. Usage of auxiliary personnel
2. Organization of the practice
3. Efficient use of time while in the office
4. Greater volume of prosthetics

With greater emphasis on the foregoing factors it is possible to step up your productivity as much as 465 per cent. Or, if you desire to put in far less time and still make as much money, you might try incorporating some of these suggestions.

*Washington University  
St. Louis, Missouri*

#### **ETHICS AND HONESTY**

A RECENT survey, conducted by the legal profession, revealed that physicians rank the highest when it comes to ethics and honesty. Asked "How do you rank doctors, dentists, lawyers, and people generally as to their ethics and honesty?" several thousand persons replied:

	High	Average	Low	Don't Know
Physicians .....	60.9	29.7	4.7	4.7
Dentists .....	53.6	37.3	4.2	13.
Lawyers .....	25.3	41.4	20.3	13.
People Generally .....	25.	62.	8.6	4.2

—*American Medical Association News*

# So You Know

## Something

### About

## DENTISTRY!



By **ROLLAND C. BILLETER, DDS**

### Quiz 182

1. How long should tissues rest before the average reline impression? .....
2. Factors that increase alkalinity in the saliva are (a) detrimental, (b) favorable, to calculus formation. ....
3. True or false? An incomplete or loose suture in the midline of the maxilla occasionally registers as a suspicious radiolucency. ....
4. Infection anywhere in the diabetic (a) intensifies, (b) does not intensify, the diabetes. ....
5. Is the regulation of the temperature of the mixing slab important in controlling the setting time of a silicate cement? .....
6. Hypercementosis is a diffuse thickening of the cementum over the (a) entire, (b) partial, root. ....
7. Is the apparent abrasion or erosion seen under denture clasps the result of mechanical wear by the clasps? .....
8. True or false? The total dose of any drug can frequently be exceeded. ....
9. Why should trauma be minimized when extracting mandibular teeth in arthritic patients? .....
10. Corrosion of an amalgam restoration is reduced to a minimum by (a) proper mixing, (b) condensation, (c) polishing. ....

**FOR CORRECT ANSWERS SEE PAGE 55**



**Combination:** Close together in the rear of the Jolink Drugstore in Edgerton, Minnesota, are the entrance to the dentist's office and the prescription department (out of picture to right).—Photograph by American Druggist.

## Dentist Draws Traffic to Drugstore\*

\*Reprinted from the 13 July 1959 issue of *American Druggist* with permission of the Editor.

WHENEVER anyone in Edgerton, Minnesota, finds it necessary to go to the dentist, he must go to the drugstore.

It is not that the pharmacist is also a dentist; that would be a rare combination indeed. Instead, Albert Jolink, who owns the only drugstore in town, rents office space in the rear of his newly-re-modeled store to Doctor Harold Dongremond, who happens to be the only dentist in town.

It is not unusual to find a small-town druggist who in some way incorporates a service...such as a post-office branch, fishing license registration, or even a watch repair booth...in his store, as a traffic builder. Leasing space to a dentist.

***Only dentist in Minnesota town has his office in the rear of a pharmacy and attracts ten to fifteen patients daily.***

however, brings some advantages not normally found with other concessions.

In the first place, a dentist, unlike the other types of concessions, in no way detracts from a drug-store's professional atmosphere. In fact, he would probably do a great deal to enhance it.

Just as important is the fact that the dentist draws trade to the drug-store that it would not ordinarily get. Mr. Jolink told *American Druggist* that, "although this is the only drugstore within fifteen miles, Doctor Dongremond's excellent reputation for extractions and dentures often brings patrons from thirty or more miles away. These people ordinarily would not have occasion to set foot in the store."

Increase: Unlike some other concessions, a dentist brings with him a guaranteed increase in traf-

fic. Mr Jolink reports that between ten and fifteen people come in to see the dentist every day. Because the dentist's office is in the rear of the store, every one of these patients must walk through the store and see the merchandise on display twice.

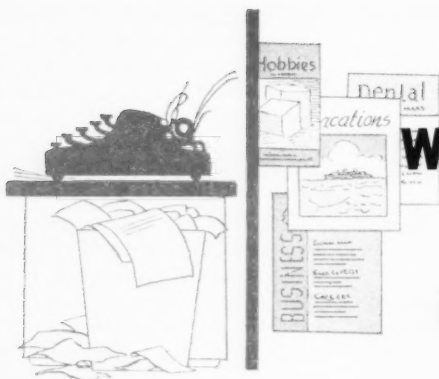
Not only do the dentist's patients walk through the store twice, but often they must spend some time within the store itself. Because the office is necessarily rather small, the patients use the drug-store's prescription waiting area as a waiting room. This often results in sales of impulse merchandise picked up while the patient is awaiting the dentist's call.

Two Sides: Although this arrangement is undeniably good for Mr. Jolink, it is by no means one-sided. For example, Doctor Dongremond does not need a receptionist. His patients use the store as a waiting room, and the store personnel take incoming calls when the dentist is not in his office.

Before the store was remodeled, the dentist maintained his office in the front of the store, just inside the entrance.

●

EVERY one lives by selling something.—ROBERT LOUIS STEVENSON, from *Beggars*.



## Who Wants to Read About Dentistry?

BY C. SHIELDS

### *Helpful suggestions for the dentist who wishes to write for publication.*

IN AN ARTICLE published in ORAL HYGIENE<sup>1</sup> dealing with dentistry's need for more and better public relations, a reference was made to the role a dentist with some writing skill might play in achieving this objective.

This resulted in queries from dentists in widely separated parts of the country all indicating interest in learning more about how and what to write and where to offer completed manuscripts. The facts given here should provide the answers to these and related questions.

In his initial attempts to put himself on paper, the dentist-writer

will "sound" more believable if he confines himself to those topics about which he is most informed. If he is in general practice he will improve the acceptance possibilities of his writing by limiting himself to operations and practices within this branch of the profession. The specialist will write with greater ease and authority when his subject touches on the patient benefits of his specialty.

The subject the dentist plans to discuss will be more acceptable for publication if it brings affirmative answers to these questions: Is the dental condition described sufficiently general to interest an editor? If it is an oral health problem, may the dentist-writer confidently offer readers hope of immediate or future correction?

One writer of technical material, directed to a mass audience, employs a technique that will interest the dentist who plans to express

<sup>1</sup>Shields, C.: Dentistry Needs Better Public Relations, ORAL HYGIENE 48:47 (December) 1958.

himself in print. This man regularly calls on his seventeen-year-old daughter to test his written vocabulary. If the young girl hesitates for a moment in grasping the meaning of a word or phrase her father immediately strikes it out. He has learned that he must not lose his grip on a reader for an instant, or that member of his audience will miss an important point or direct his attention elsewhere.

This holding of attention is also made more certain if the pertinent facts are presented in the form of case histories with age, sex, occupation, and other patient-identifying details included to help the reader create a more accurate mental picture. In addition, editors in increasing numbers are relying on a form of photojournalism to assist in capturing reader attention. The dentist who plans his writing well in advance can take advantage of this trend by arranging for one or a series of pictures to illustrate his text matter. The permission of the patient, in writing, must of course be secured and if there is anything unflattering about such photographs it is desirable to mask the upper portion of the patient's face.

Since the dentist-writer's primary objective is to improve public understanding of his profession's capabilities, he will minimize the possibility of criticism by adopting a distinctive form of identification. Instead of using the words "I" or "me" or "my" he will

find it desirable to rely on "the dentist" or "your dentist" in referring to the professional operator. If any personal recognition is to result from his writing, this must come from the "by-line" and not accounts of his own achievements. There are exceptional cases, but in most instances the use of the perpendicular letter should be avoided if at all possible.

#### **Seek Dentists' Advice**

One of the letter writers referred to earlier in this discussion, mentioned that the practicing dentist who has ambitions to write for publication will be benefited by getting out of his office and discussing his writing plans with fellow practitioners. This is an excellent suggestion since discussions with other dentists will bring up areas of interest and value the writer might have overlooked. The files of the other dentists may include records that might help the writer develop his article more fully. Even if this is not the case the dentist-writer's thinking will be stimulated, and he will enjoy a broader understanding of his subject matter.

No attempt is being made here to explain how an article should be tied together word by word. Writing style is something the dentist must acquire through writing practice, studying the articles of those who have become proficient in the craft, and reading the magazines in which the dentist would like to have his material published.

### ***Some Basic Facts on Manuscript Preparation***

A good average word length for articles is 1500 to 2000 words. Assume readers know nothing about the subject matter of article.

Point article toward selfish interests of readers—parents, young adults, educators.

Double space typing is required. Leave wide margins.

When writing of new developments be specific in stating whether they are or are not yet available to prospective patients. Statistics add conviction, but use them sparingly to avoid monotony.

Sell article to only one editor.

Express optimism in discussing the more baffling dental cases.

Avoid asking friends to express themselves on the "goodness" of completed article. Let a college English teacher or newspaperman see it instead.

Study market lists published in writers' magazines available at all public libraries.

This brings up the inevitable question: What magazines are most likely to be interested in a dentist's writing? Actually, the "health" article will be considered by editors of almost all general magazines and even some trade publications. Those appealing to women are currently displaying interest, as are the digest-size periodicals devoted to personality development, today's living, family, home and the like. Some of the "pulp" magazine in the "confession" field are also offering their readers factual health articles.

When a dentist has completed an article he may send out three or

four short notes to editors, asking if they would be interested in seeing his material. A brief outline of the article should be included to give the editors an idea as to how to reply. If an editor agrees to look at a manuscript—and this does not necessarily mean he will accept it—the article should be mailed together with a self-addressed, stamped envelope for the possible return of the manuscript. The most acceptable and economical paper to use in typing an article is a medium weight (16 pound) white bond—8½" x 11".

The dentist who turns writer in his spare time is not likely to en-

joy an immediate high return for his efforts. This is a subject mentioned in a recent ORAL HYGIENE editorial.<sup>2</sup> Rates vary from as low as one cent a word up to where the editor and dentist may negotiate for fees of several hundred dollars. These latter figures are the outstanding exceptions.

At three points during his writing—before actually starting, midway through the article, and on

completing it—the dentist will benefit by pausing and asking himself, “Am I making a contribution to better dental health and reflecting favorably on my profession?” If the answer is “Yes” the dentist-writer may not yet be an “author” but he is thinking constructively. His writing should help improve public understanding of his profession. From a public relations point of view, that is important.

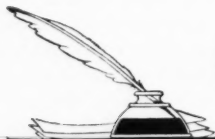
<sup>2</sup>Ryan, E. J.: Editorial, What Happens to the Disabled Dentist?, ORAL HYGIENE, 49:54 (March) 1959.

413 Custer Avenue  
Glenolden, Pennsylvania

# ANSWERS TO QUIZ 182

(See page 49 for questions)

1. A minimum of 12 to 14 hours. (Boos, R.H.: Preparation and Conditioning of Patients for Prosthetic Replacements, J. Pros. D. 9:8 January-February 1959)
2. (b). (Editorial, DENTAL DIGEST 64:30 January 1958)
3. True. (Elfenbaum, Arthur: What is “X-ray Negative?” ORAL HYGIENE 48:46 October 1958)
4. (a) (Burket, L.W. and Sindoni, Anthony: Diabetes and the Diabetic Patient, JADA 58:84 February 1959)
5. Yes. (Skinner, E.W.: A Comparison of the Properties and Uses of Silicate Cement and Acrylic Resin in Operative Dentistry, JADA 58:29 January 1959)
6. (a). (Archer, W.H.: A Manual of Oral Surgery, ed.2, Philadelphia, W.B. Saunders Company, 1959, page 321)
7. No. (Phillips, R.W. and Leonard, L.J.: Effects of Clasps, J. Pros. Dent. 6:670 September 1956)
8. False—should never be exceeded. (Locke, R.S.: Reactions to Local Anesthetic Agents, J. Ont. D. Ann. 34:7 July 1957)
9. They may be susceptible to postoperative temporomandibular involvement (Crowley, R.E.: Determination of Standards of Dental Service for the Chronically Ill, The Bulletin, AAPHD 71:16 February 1957)
10. (a), (b), (c). (Kantorowicz, G.F.: Finishing Amalgam, D. Pract. 8:68 November 1957)



## EDITORIAL COMMENT

"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties." *John Milton*

### DENTISTS AND DISASTER

APATHY and extreme indifference mark the attitudes of the American public to civil defense. The feeling seems to be widespread that little or nothing could be done to save lives if a nuclear attack were to be made against the United States. Although destruction of life would be horrifying under such an attack, there would be thousands of maimed and injured survivors who would need first aid and definitive medical care. It is also true that there would not be enough physicians to give this care. Dentists would be required to help as they are the next best qualified to give medical help to suffering human beings.

Up to now neither physicians nor dentists were quite sure what the role of the dentist should be in a national emergency. Physicians were concerned that they might be abdicating their responsibilities in turning people over to dentists for general medical management. Dentists were not disposed to give the appearance of pushing themselves outside the field of their professional training and competence. For many years there has been this impasse.

Despite sweet talk and expressions of international affection, the Communist countries have the resources to devastate the United States by various forms of nuclear attack. The deadly arsenal is there. All that is required to have the weapons activated is the order from a few men in the Soviet Union or Red China. The fate of mankind hangs on such slender threads of human judgment and behavior.

A medical program to handle a national disaster could not be impro-

<sup>1</sup>Dental News Letter, Office of Civil and Defense Mobilization, September 1959.

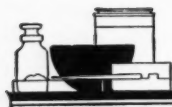
vised after a nuclear attack. It should be on blueprint now and every person who would be required to help should know his exact duties and be trained and prepared to function. What, for example, would be the role of the dentist? He would not be going about his routine ways. He would repair the injuries to jaws and teeth, but he would be expected to do much more. What would that "more" include?

By joint agreement of the American Medical Association and the Office of Civil and Defense Mobilization the dentist would be expected to function in these additional capacities:

"First aid, including but not limited to artificial respiration, emergency treatment of open chest wounds, relief of pain, treatment of shock and the preparation of casualties for movement; control of hemorrhage; attainment and maintenance of patent airway, and intratracheal catheterization, to include tracheotomy; proper and adequate cleansing and treatment of wounds; bandaging and splinting; sorting of facial and oral injury cases; oral surgery; administration of anesthetics under medical supervision; assisting in surgical procedures other than oral; insertion of nasogastric tubes to include lavage and gavage; administration of whole blood and intravenous solutions; administration of parenteral medications; catheterization of males and females; administration of immunizing agents."<sup>1</sup>

Few dentists are now prepared to render these services. Since both the AMA and the OCDM have defined the role of the dentist it is appropriate that the medical profession begin to train dentists to fulfill their mission. It is also necessary that dentists in every community be prompt to accept the proffered training. It will require understanding and cooperation between the two professions—and hard work besides.

*Edward J. Ryan*



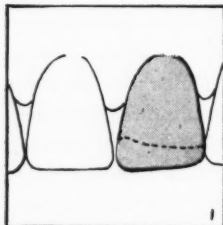
## TECHNIQUE of the Month

Originated by W. EARLE CRAIG, DDS

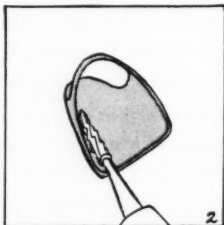
### Durable Repair of Child's Incisor

By RICHARD M. NELSON, DDS

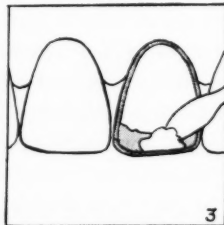
Drawings by Dorothy Sterling



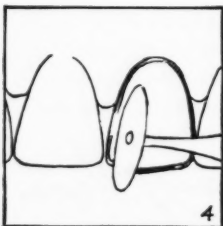
Select Rocky Mountain crown of proper size and shape.



Cut out labial portion with a #557 bur or diamond disk, leaving the incisal intact, and preserving 1 mm. of metal at the gingival.



Cement in place over a sedative base ( $\text{CaOH}_2$ , ZnO and Eugenol). Restore tooth form with acrylic or a silicate.



In a week's time, the crown can be disked with sandpaper until it is hardly visible.

#### Note to Contributors

We invite dentists to submit material for this page. \$10.00 will be paid for each technique used. It is not necessary to make finished drawings—or even sketches—if you explain the procedure clearly, in detail, in your letter. Submit material to:

Technique of the Month,  
Oral Hygiene,  
1005 Liberty Avenue,  
Pittsburgh, Pennsylvania

# Q ASK Oral Hygiene A

Please send all correspondence for this department to:  
The Editor, *Ask Oral Hygiene*, 708 Church Street, Evanston, Illinois. Enclose a stamped, addressed envelope for a personal reply. If x-ray films are sent, they should be protected with cardboard. We cannot be responsible for casts or study models that are mailed to this department.

## Deep Cavity

Q.—How would you treat a deep-seated cavity in which x-ray shows just a thin line between caries and the pulp? Would you remove all soft caries up to the firm, but discolored dentine, place a zinc oxide and eugenol base and restore? Or should the discolored dentine be removed as well, even though it might mean an exposure and perhaps loss of the tooth? This dentine would show on the x-ray as caries. Would silver nitrate help in such a case?—B.E.T., Louisiana

A.—In answer to your question as how to treat a deep-seated cavity where an x-ray shows just a thin line between caries and the pulp, the x-ray is but one factor in this situation and should not be depended upon solely. It is my experience that the lesion is always greater than the x-ray indicates, and it would be my suggestion that, after all the tests are made to determine whether or not the pulp is vital, you carefully remove all of the soft caries and sedate the pulp with a protective layer of zinc oxide and eugenol.

Silver nitrate is definitely contraindicated as recent research has proved dramatically. The use of zinc oxide and eugenol has been gratifying as a means to obtain a favorable response of the pulp to the extent that some conscientious

operators are using it in a modified form under amalgam restorations where the cavities have been of medium depth. In answer to your question, I would not remove the firm but discolored dentine at the expense of exposing a *vital* pulp, and I would not use silver nitrate in this case.

## Bleaching Solution

Q.—Your answer came today for which I thank you, but it was not the answer to my question. I asked for a solution for bleaching teeth of an adult, and not a disclosing solution. I am sorry I did not make myself plain and hope you will excuse me.—J.G.H., Pennsylvania

A.—Stains of teeth are generally designated as intrinsic or extrinsic depending on whether the cause of stain is internal or external. Intrinsic stains as a rule are associated with devitalized teeth; the stain being due to decomposition of blood and pulpal tissue with the formation of colored breakdown products. The entire crown of the tooth appears discolored.

Extrinsic stains are due to deposition of colored material on or within enamel and exposed den-

(Continued on page 60)



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A fresh mix made before the patient. Drop a tablet in a dappen glass, add water—fine paste forms instantly.

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tine. The stains arise as a result of the ingestion of certain colored foods and medicine over a long period of time; the formation of chemical compounds possessing color and the formation of pigment by chromogenic bacteria. Extrinsic stains lying on the surface of teeth may be scraped and removed with polishing agents. Stains which have permeated tooth structure are more difficult to remove.

In the latter instances usually the enamel surface has been partly decalcified and presents a roughened, porous surface. Scraping and polishing will only remove some of the stain. It is well to remove the superficial roughened stain areas of the tooth with burlew discs and then to polish the surface smooth with polishing agents. Incorporating commercial peroxide in the polishing agents may be of help in some cases in that bleaching action is also obtained.

### **Hyperplasia**

Q.—I have a patient, age 64, for whom I inserted a full upper denture and a lower lingual bar partial about eight years ago, both of which have good retention and articulation. For seven years they have given her especially good service. About a year ago the tissue under her upper denture developed a redness, similar to ground beef in color, throughout the entire palate.

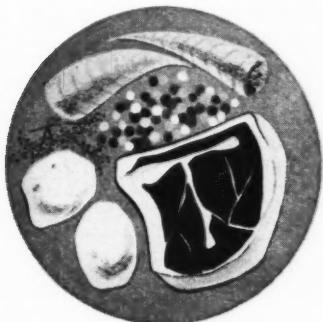
During the past year I have advised her to use different mouth washes, including sodium perborate, as well as done some occlusal grinding here and there hoping to give her relief. But I see no improvement in her condition from any method I have used or advised.

This patient has many worries. I have told her if she could look on the bright side it might do some good. She is will-

(Continued on page 62)



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Pearl River, New York



ing to have a new denture made, but I would not do it for I doubt if that would relieve her case.—J.H.M., West Virginia

A.—It is my belief that the "ground beef" color of the palatal area of your 64-year-old patient is a mucosal inflammatory hyperplasia due to "denture rub."

This "denture rub" is the result of continuous changes under the denture, including alveolar resorption, which in turn affects the occlusion, the vertical dimension, and the stress and strain on the edentulous area.

The treatment calls for the correction of the bite with grinding of cusps and opening or closing (whichever appertains) of the vertical dimension. A steroid oint-

ment (1 per cent-1.5 per cent) will help decrease the inflammatory picture while the mechanical adjustments are being made.

When the correction has been made and the inflammation has subsided, it is possible that you may have to construct a new denture.

#### **Chocolate Milk and Caries**

Q.—As to your comments on "Chocolate Milk and Caries" (April issue) I refer you to a book by A. Davis, *LET'S COOK IT RIGHT*, (page 445-6) where she comments on chocolate milk and its effects on calcium absorption. I have often wondered about the source of her authority.—G.M.H., Kansas

*(Continued on page 66)*

## **TOOTHMASTER**

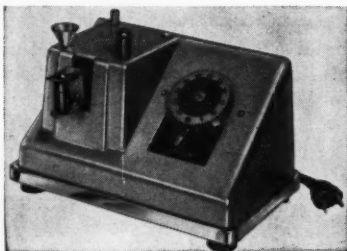
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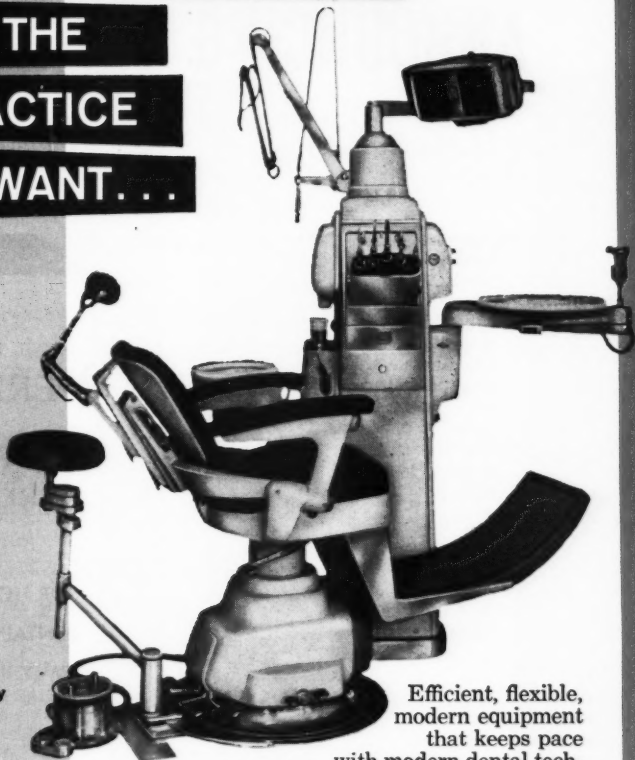


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# ANNOUNCING

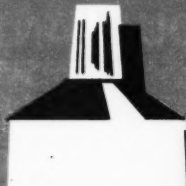
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HELP SOME OF YOUR  
PATIENTS ADJUST  
MORE RAPIDLY TO  
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# NEW



## WERNET'S ADHESIVE CREAM

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DENTAL PLATES  
FIRMLY IN PLACE



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**SUPERIOR ADHESIVENESS**—The emollient base resists the effects of mouth fluids, and imparts longer lasting qualities to the action of the Karaya Gum.

**PLEASANT FLAVOR**—Wernet's Adhesive Cream uses only a trace of flavor—it has a delicateness that will appeal to patients hour after hour.

**PLEASING COLOR**—The "natural" pink tint blends with tissues and dentures, reassuring patients.

**ETHICALLY PROMOTED**—Wernet's Adhesive Cream bears the Seal of Acceptance and is promoted solely to the dental profession, keeping the patient under more direct supervision.

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**LAVORIS**



A.—In her book, **LET'S COOK IT RIGHT**, Adelle Davis reports on the effect of chocolate milk versus plain milk in the diet of animals. According to this report, the animals fed chocolate milk absorbed less calcium and phosphorus than did the others. To offset this detrimental effect, the author suggests that extra powdered milk be added in order to supply additional calcium.

As the author of a number of books on nutrition, and holding a master's degree in this field, I assume she is well qualified to discuss this subject.

### Paresthesia

Q.—I have a woman patient, age 33. She has a good set of teeth and has given her mouth and teeth excellent care over the years.

About one year ago she suddenly and for no reason, developed a paresthesia of the lower lip and chin on the left side. This condition has been persistent and while there is no definite pain the tingling sensation has been constant and quite distressing.

There has been no swelling in the lip, but she believes there is a slight swelling in the soft tissues under the 3rd molar area. She is subject to occasional canker sores on the inside of the lip and cheek on the left side.

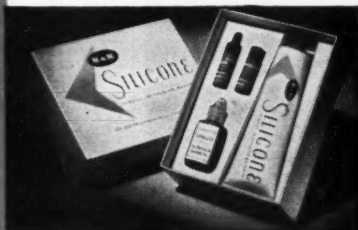
She has consulted several dentists and physicians but no definite diagnosis has been made.

To me, this condition would indicate an injury to the inferior alveolar nerve but she never developed a third molar on this side nor has she ever had surgery in this area.

In 1948 she had an amalgam restoration placed in the first molar. In March 1958 she had this removed and another more extensive amalgam restoration inserted. Both of these placements were made by the aid of nerve block anesthesia. The present paresthesia devel-

(Continued on page 68)

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oped soon after the insertion of this last restoration.—C.G.S., Nebraska

A.—The history, I believe, has to be considered before any other diagnostic approach in this case. The paresthesia unquestionably was due to a mandibular block with damage by the needle to some fibers of the inferior alveolar nerve. It is commonly known that regional paresthesia, such as in this case, can take longer to improve than that type which results from total severance of the nerve. Two years for improvement is generally the rule.

The use of multiple "B" vitamins can aid in the regeneration of the sensory nerve fibers.

#### Correction

Regarding the topical application of 8 per cent stannous fluoride appearing on page 54 of the July issue of ORAL HYGIENE, the new technique should be as follows:

At the time of the initial visit, a thorough prophylaxis is performed. Extreme care must be taken to clean and polish thoroughly with pumice each available tooth surface. This includes the stripping of every interproximal surface with sandpaper strips.

Immediately following the prophylaxis, the stannous fluoride is applied to the teeth. It is considered best to treat only one quadrant of the dental arch at a time, since saliva must remain completely absent from the teeth. The particular teeth to be treated are thoroughly dried with air. The stannous fluoride is then applied with a cotton applicator, keeping the teeth moist with the stannous

fluoride solution throughout a four-minute period by repeatedly moistening the teeth with the fluoride solution. This usually means a re-application every 15-30 seconds, depending upon the particular affinity of the enamel for the fluoride solution. After all of the teeth in the mouth are similarly treated, the patient is dismissed with the precaution not to eat or drink (or rinse his mouth) for at least thirty minutes.

The frequency of treatment following the initial one will depend mainly upon the prevalence of dental caries in the individual patient. If the patient is highly caries-susceptible, the dentist will need to repeat a single application each six months, or even more frequently. If the child is not highly susceptible, the single treatment can be given once a year.

The foregoing information was taken from an article, "Topical Treatment of the Teeth with Stannous Fluoride: Single Application Technique" by Doctor Joseph C. Muhler of Indiana University, which was published in *The Journal of Dentistry for Children*, volume 25, pages 306-309, 4th quarter, 1958.

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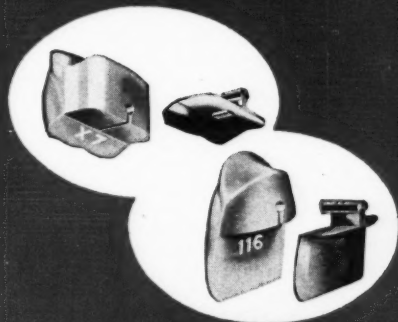
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## Dentists in the NEWS

### Dentist-Author-Traveler

In the past nine years since he retired from the practice of dentistry, Doctor Powell Binford Trotter, now 81 years of age, has traveled through much of the world, including Europe, Asia, South America, and the Holy Land. He is the author of one book, *THE LIFE OF CHRIST*, which was published in 1954. He is now producing another called, *THE COUNTRY DENTIST*.

About his book on Christ, Doctor Trotter said, "I wanted to get the life of Christ from the time His birth was announced until the Ascension, so I took the four Gospels and wove them into continuity."—*Memphis (Tennessee) Commercial Appeal*.

### Aids State Aged Study

An appointment to a five-man state commission to study the problems of aged persons has been received by Doctor Jose T. Sepulveda of San Antonio. The commission will make recommendations on mental and physical health, housing, family relations, employment, income, vocational rehabilitation, recreation, and education.—*San Antonio (Texas) Light*.

### Services to Church Recognized

Doctor M. Lucille Sullivan, of Escanaba, has been elected a Lady of the Equestrian Order of the Holy Sepulchre of Jerusalem, in recognition of her services to the church as a Catholic layman. She attended an investiture of the Order in St. Patrick's Cathedral in New York City, at which Cardinal Spellman, honorary grand prior of the Order, celebrated the Mass.—*Escanaba (Michigan) Press*.

### Bicycle Collection Rated Best

When a national bicycle-manufacturing concern held a contest last year to find the oldest high-wheel of its make still in use, Doctor Stanley Fisher of Bergenfield won easily with a 52-inch bicycle made in 1881. The "bike" is only one of forty antiques in Doctor Fisher's collection, which is rated one of the best in the country.

Doctor Fisher's interest in antique bicycles began more than 25 years ago when he spotted an English high-wheeler in an antique shop. "The woman who owned it wanted \$250," Doctor Fisher recalled. "With my limited finances in those depression days she may as well have asked \$1000," he laughed. He finally got his high-wheeler for considerably less from a retired trick rider in Tenafly. He also bought a unicycle from the ex-vaudevillian.

One of Doctor Fisher's most recent hobbies is collecting and restoring antique autos. They did not have automatic shifts and power steering, but the DeDion-Bouton and Locomobile Steamer, both built in 1899 and included in his collection, have a charm all their own.—*New York City News*.

### Receives Legion of Merit Award

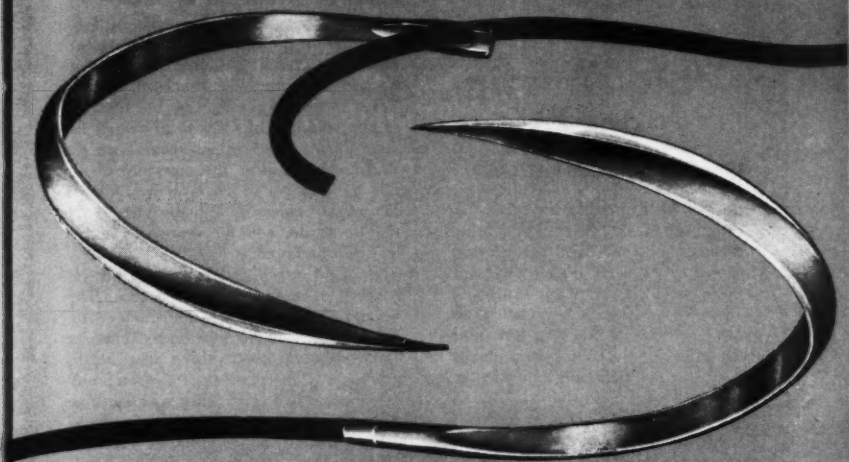
Colonel Theodore E. Fisher, Military Air Transport Service Command dental surgeon and a native of St. Louis, was recently awarded the Legion of Merit for outstanding service to the United States. The citation accompanying the award read in part: "Colonel Fisher displayed unusual executive leadership and professional ability by effecting notable improvements in the dental health of

(Continued on page 72)

# POINTS WELL TAKEN

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- Uniformly sharp with reverse cutting edges for easier penetration
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### ATRALOC®

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(Please print plainly)

military personnel and their dependents."

A veteran of 21 years of service, Colonel Fischer is now with the Fifth Air Force Headquarters in Fuchu, Japan, where he serves as a dental surgeon.—*St. Louis (Missouri) Globe Democrat.*

## Explores Wreckage of Ship

The wreckage of a ship sunk in Sydney Inlet on the west coast of Vancouver Island is being explored by Doctor George W. Cottrell of Portland. He believes the wreckage may be the remains of the trading ship *Tonquin*, owned by John Jacob Astor, which was blown up in June 1811, after the massacre of all but one member of her crew by Indians. Mr. Astor amassed a huge fortune in the fur trade, and for years was active on the Pacific coast.

Doctor Cottrell and his party have recovered a cannon from the wreck. The seven-foot gun had a four-inch bore. Later they located a second cannon, a large capstan about three feet in diameter, and the remains of an iron windlass twenty feet long. They will continue the search for proof that the wreck was indeed that of the *Tonquin*.—*New York Times.*

## Grows Midget Orchids

There was a 20 x 60-foot swimming pool in the yard of Doctor Robert T. Morehead of Nashville, which was not being used. His wife feared constantly that some child would fall into the water and drown. So Doctor Morehead walled and covered the pool with glass. The result: A fair-sized greenhouse in which he cultivates miniature orchids. "The hobby is not too expensive and the plants bloom the year round," Doctor Morehead explained. "An orchid—even these little midgets—is tough, and easy to raise."—*Nashville (Tennessee) Banner.*

## Farm Boasts

### "Automatic" Barnyard

Automation has come to the barnyard, and Central Illinois farmers were able to look it over recently at an open house

(Continued on page 74)

## Dental instruments...all 3

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is started. Endorsed by many  
members of the American and*

*California Academies of Periodontology*

# DENTICATOR

REG. U.S. PAT. OFF.

*sold by dental dealers and druggists everywhere*

Manufactured in U.S.A. by THE DENTICATOR CO., INC., 1068 Mission Street, San Francisco 1, Calif.

at the 400-acre farm near Roseville, owned by Doctor Dudley Smith of Peoria. The farm features a \$65,000 ultra-modern feed lot for livestock, and is designed to handle some 200 head of cattle. The feed bins are fed automatically through an auger-fed feed tube drawing grain from two vertical, air-tight storage tanks. Specially spaced holes in the tube allow the feed to be distributed evenly along the length of the trough. By rotating the tube, a second ration can be served to the cattle.—*Peoria (Illinois) Journal Star.*

### Manages Fleet of Cruisers

The practice of dentistry has been given up, at least temporarily, by Doctor Dean Darby of Des Moines. He is now in Pompano Beach, Florida, operating the leasing of six cruisers, which he and two financial partners purchased. The fleet includes three cabin cruisers that will sleep four to six persons and will rent for as much as \$85 a day, \$350 a week, or \$1200 a month. Three smaller boats, primarily for day cruising, will rent for as little as \$25 a day, \$100 a week, or \$300 a month.

Within three months Doctor Darby hopes to practice dentistry on a part-time basis at military installations, and ultimately he hopes to obtain a license to practice privately in Florida.—*Des Moines (Iowa) Tribune.*

### Early American Style Office Building

A dental office building of Early American split-level design has been constructed by Doctor John C. Carnes of Topeka. The structure has space for three separate dental suites and parking space will be provided for about twenty cars.

Both the exterior and interior are Early American. The lower level on the outside is brick veneer, and the upper portion is a combination of horizontal and vertical rustic siding. The windows are Early American panes with shutters, and the roof is hand-split shakes. The building is air conditioned with electrostatic air filtration.—*Topeka (Kansas) Capital Journal.*

(Continued on page 76)

## SUPERIORITY...

and the  
reasons why!



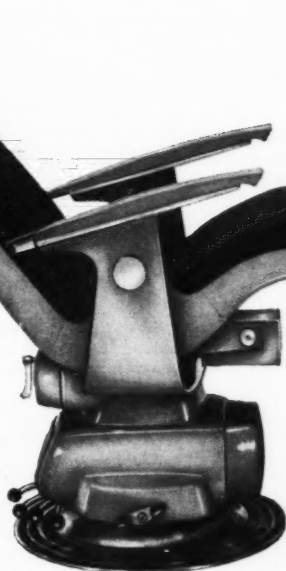
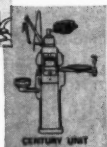
**BORDEN  
AIROTOR  
by RITTER**

More and more dentists everywhere prefer the Model B Borden Airotor by Ritter. Here are seven outstanding features that help to build this preference:

1. Exclusive Ritter Adjustable Lubricator . . . "visible action" permits regulation of oil delivery.
2. New Air Pressure Gauge . . . easy-to-read dial enables you to check pressure at a glance.
3. Exclusive Ritter Air Filter . . . particles as minute as 5 microns are filtered out of the air supply.
4. Ultra Flexible Twin-Tubing . . . extremely lightweight, minimizes "drag" and fatigue while operating handpieces.
5. Quick Coupler to the Handpieces . . . speeds removal and coupling of handpiece to tubing for cleaning, sterilizing and changing of handpieces.
6. All-in-One Engine and Airotor Control . . . permits operation of Airotor and standard handpiece with one foot control.
7. Improved Cover for Universal Airotor . . . new design permits easy and quick removal and replacement of the cover.



*Comfortable patients  
are cooperative patients!*



## Ritter euphorian<sup>®</sup> chair

REST CURVE

Patients are literally cradled in comfort in this new chair . . . it reduces their tension and apprehension. Of course, this makes them easier to work with, whether you prefer to stand or sit . . . more can be accomplished at each appointment. Chair adjustments are easy, silent, versatile. Do both yourself and your patient a favor. Give serious consideration to the most modern of all dental chairs . . . The Ritter Euphorian Rest Curve Chair!

**Ritter**  **Company Inc.**

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**Ritter/Castle** ... FINE PROFESSIONAL EQUIPMENT

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☐ Euphorian Chair

☐ Airotor

### Earthquake Survivor

The mountain fell first—and then the water came. That is the account of Doctor Reed Quesnell of Arcadia, California, who survived the Madison Canyon earthquake and avalanche below Hebgen Dam in Montana. The theory was that water spilling over the dam raced through the canyon and swept some campers away before the mountain collapsed.

"Not so," said Doctor Quesnell. "First came the earthquake. Then the mountain collapsed into the canyon. After that came a wave of water. This wave is what hit and injured a number of those hurt in the disaster." Doctor Quesnell and his companions said they believed an unknown number of campers in the area were buried by the big slide.—*Wilmington (Ohio) News-Journal*.

Awards for items submitted for this month's DENTISTS IN THE NEWS have been sent to:

John E. Kilzer, Route 1, Box 73, Humboldt, Tennessee

Raymond E. Hunt, PO Box 134, San Antonio 6, Texas

M. M. Hillewaert, Route 1, Bark River 3, Michigan

Katherine F. Clement, 178 Ridge Avenue, Park Ridge, New Jersey

Minnie Hendrix, 5821 Missouri Avenue, East St. Louis, Illinois

M. M. Waldman, 1770 Davidson Avenue, Bronx 53, New York

Mrs. D. E. Price, Route 3, Box 60, Leoma, Tennessee

Cyril Gordon, Box 57-87183, Marion, Ohio

Mrs. Clara Calhoun, 106 N. Norwood Place, East Peoria, Illinois

Maurice D. Gruber, DDS, State Bank Building, Sac City, Iowa

C. Norlin, 415 Harrison, Topeka, Kansas

Mrs. Mildred Cook, RFD No. 1 Osborne Road, Wilmington, Ohio

## Take Less Time...and the **MPL PLASTIC** Skull...To Keep Staff Levels Up



LIFE-SIZE

Anatomically exact and complete in every detail, the MPL skull has been thoroughly checked for accuracy by professors in anatomy departments of leading dental and medical colleges. Formed of highly break-resistant plastic, it stays clean to the touch. Ink and crayon marks wash off easily.

It can be a valuable aid to you, an improved medium to shorten and simplify explanations, to demonstrate quickly and graphically new or complex techniques. At your request we will be glad to send you complete illustrated information and prices on our several models.

**Medical Plastics Laboratory Gatesville, Texas**

this is no place for "SECOND BEST"...

this is  
the place

for ...



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Today's discriminate dentist knows

Ticonium chrome-cobalt is

Dentistry's finest. Test after test has proven Ticonium  
stronger, more resilient and better fitting than all others.

Specify Ticonium chrome-cobalt from your local  
Ticonium franchised laboratory.

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DIVISION OF CMP INDUSTRIES, INC.  
ALBANY 1, NEW YORK



## LAFFODONTIA

A dentist in a small town had trouble obtaining payment on an overdue account. After thinking deeply about the matter, he decided to write the patient as follows:

"Dear Madam: Unless the denture I made for you is paid for without delay, I shall be obliged to insert the following ad in the newspaper: 'Excellent set of teeth for sale. They can be seen at any time at Mrs. Bartlett's, Pinetree Road.'"

He got his money the next day.



The professor who comes into class ten minutes early is rare. In fact, he's in a class all by himself.



"A person who is reckless in crossing busy streets may be known as a 'jay-walker' or 'the deceased.'"



Dorothy: "Why are you so jealous of your husband's hygienist?"

Phyllis: "Because I used to be his hygienist."



Some are bent from toil, others are crooked trying to avoid it.



We've heard that a prof in Religion on the campus recently announced that there are 726 sins. The last we heard, he was swamped with letters from students who think that they are missing out on something.

"Say when," said MacPhudal as he dropped a few drops of Scotch in MacDudal's glass. MacDudal was silent and MacPhudal added a couple more drops and said: "That was a bad fire in MacGugal's restaurant."

"When?" asked MacDudal.

MacPhudal put the cork in the bottle with a sigh of relief.



Jimmy was doing his home work when the clock struck the 'hour. His father, who was a professor of logic, closed the book he had been reading and said:

"Now Jimmy, if I was to take a hammer and smash that clock, could I be arrested for killing time?"

"No," said Jimmy, who was a bright youngster, "it would be self-defense."

"How do you figure that?" asked his father.

"Well," said Jimmy, "the clock struck first."

The professor picked up his book—not to read, but for time out to think up another question. Finally he asked Jimmy:

"Can you tell me who built the Sphinx?"

After a bit of study Jimmy said, "Gosh. I've forgotten."

"Tut, tut," tutted the professor, "you are the only one living who knew and now you've forgotten."



Teacher: "Willie, correct the sentence: 'Girls is naturally better looking than boys.'"

Willie: "Girls is artificially better looking than boys."

# BENZODENT eases denture adjustment; even helps difficult break-ins

Thousands of dentists know that The Benzodent Treatment helps **all patients** master new, immediate, and partial dentures.

**For difficult patients**, Benzodent has special value in easing denture adjustment. Its combined analgesic, antiseptic, and adhesive action creates comfort and confidence . . . induces consistent wear during the break-in period . . . curbs demands for emergency attention and needless trimming . . . transforms complaints to grateful responses of "Thank you, doctor!"

## BENZODENT ... the original multi-purpose denture adjustment aid ...

**makes patients happier** and more cooperative, with clinically proved results in relief of pain . . . faster healing . . . help in checking infection and mouth odor . . . effective, long-lasting denture stabilization.

**makes practices healthier** by saving chair time . . . inducing greater appreciation of fine prosthetic skills . . . aiding in control of return-visit check-up schedules.



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## WHAT'S NEW

IN PRODUCT DESIGN—  
FUNCTION—ASSORTMENT



The purpose of this department is to provide a convenient, up-to-date source of new product information from data provided by manufacturers. You may obtain additional information by writing to them. Listing does not imply Oral Hygiene's endorsement.

**Oralis**—an antiseptic and all-purpose analgesic for dental use. Is astringent, and has counter-irritating properties. Also effective for minor mouth irritations and infections. 4-C Specialties, 1709 Medford, Topeka, Kansas.

**Plastic Matrix Ribbon**—anterior contour matrix; .002" thickness; five widths; 10 feet packaged in slotted box. Made of DuPont Mylar polyester film. Universal Specialty Co., Box 425, Mukwonago, Wis.

**Suivel-ette**—fingertip convenience. Easily detachable engine arm, air turbine control unit, air and water syringes, etc. Features stainless steel-line medicine compartment and master switch. The Metalcraft Co., 1123 W. Weatherford, Fort Worth, Tex.

**Jermyn Parallator**—engineered for simple, accurate, and time-saving tooth preparation for crowns, inlays, and bridgework. Eliminates guesswork. Professional Chemical Corp., 240 Danbury Circle North, Rochester 18, N. Y.

**Terralur**—an esthetic filling material that subtly blends in 95% of all cases. Also is a unique colorless cementing medium. Ideal for porcelain jacket cementation. Opatow Dental Mfg. Corp., Brooklyn 15, N. Y.

**Miniature Head Air-Drive**—easier access to posterior regions. Shorter by 7 mm; narrower by 1 mm. Also available is new warm water control. Raises spray water temperature. Midwest Dental Mfg. Co., 4439 W. Rice St., Chicago 51.

**Jel-Pac**—now supplied in handy, 4 oz., wide based vials fitted with a heavy gauge, snap-on polyethylene cap. Is a harmless, non-irritating

powder which, when mixed with water, makes a strong pickling acid. J. F. Jelenko & Co., 136 West 52nd St., New York 19, N. Y.

**Jet-Mold No. 1**—a polyethylene plastic mold containing four sets of upper anterior mold sizes, and three sets of lower anterior mold sizes. Designed to produce any type acrylic anterior facings, including interchangeable facings. Lang Dental Mfg. Co., 828 West Montrose Ave., Chicago, Ill.

**Aero-Turbex Miniature Head**—smaller in both height and width. Greater accessibility in small mouth posterior regions, restricted buccal areas, or for pedodontia. Denasco, Inc., 200 Santa Fe Drive, Denver 1, Colo.

**XRM Spacemaker 90P**—no trial exposures, electronically accurate, convenient positioning, shockproof, ray-proof and power-plus for safety. Perfect exposures every time, 1/60, 1/30, 1/20, up to 5 seconds. X-Ray Mfg. Corp. of America, 1750 Plaza Ave., New Hyde Park, L. I., N. Y.

**Foam-Aire Headrest**—features a pneumatic adjustable cushion. Can be adjusted to cradle patient's head comfortably, at same time retaining head firmly for desired operating positions. Fits most dental chairs. Denasco Co., Inc., 200 Santa Fe Drive, Denver 1, Colo.

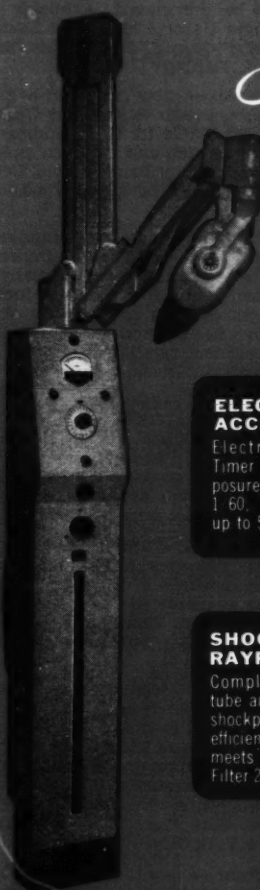
**Wernet's Adhesive Cream**—helps patients adjust more readily to dentures. Embodies purity, superior adhesiveness, pleasant flavor and pleasing color. Block Drug Co., Inc., Jersey City 2, N. J.

(Continued on page 82)

*For safe, speedy radiography*

# THE NEW XRM *Spacemaker* 90P

*puts these advantages in  
the picture for you.*



## **NO TRIAL EXPOSURES**

10 or 15 MA pre-selected  
and stabilized. No test  
needed for correct output.

## **ELECTRONICALLY ACCURATE**

Electronic Impulse  
Timer for perfect ex-  
posures every time.  
1/60, 1/30, 1/20 ...  
up to 5 seconds.

## **CONVENIENT POSITIONING**

Offset Yoke and new arm  
for easy maneuvering, ac-  
curate positioning, 32" min-  
imum reach, 61" maximum  
reach (with cone facing in)

## **SHOCKPROOF, RAYPROOF**

Completely oil-immersed  
tube and transformer assure  
shockproof operation and  
efficient cooling. Rayproofing  
meets Federal requirements.  
Filter 2.0 MM.

## **POWER...PLUS FOR SAFETY**

90 KVP at 10 or 15 MA  
reduces radiation.

The industry's most compact unit! A real advantage where space is a prob-  
lem. Also available as a split unit enabling controls to be located elsewhere.  
70 KV equipment also available. Ask your dealer about the new XRM Spacemaker, or write directly to us.

# XRM

**X-RAY MFG. CORP. OF AMERICA**

1750 PLAZA AVE., NEW HYDE PARK, L. I., N.Y.

Subsidiary of The S. S. White Dental Manufacturing Company

**Mark III Tranquil Chair**—designed for oral surgeons. Both arms are removable. New "Peno" board can be used on either left or right side. Jos. Dansereau Dental Distributing Co., Inc., 9630 East Beverly Rd., Pico, Calif.

**Mark IV Tranquil Chair**—consists of contemporary styling with no welts or other dirt catchers. More function with removable arms and softer figure-fitting contoured back. Jos. Dansereau Dental Distributing Co., Inc., 9630 East Beverly Rd., Pico, Calif.

**Double-End Super Amalgam Carrier**—has a jumbo size tip on both ends and designed to eliminate refillings in large restorations. Rower Dental Mfg. Corp., 154 Boylston St., Boston 16, Mass.

**Twin Water Supply**—now supplied on S. S. White Airtors. Enables dentist direct water between bur or diamond point and tooth structure. Can be added to S. S. White Airtors already in use at small cost. The S. S. White Dental Mfg. Co., Philadelphia 5, Pa.

**Beta Clene**—a powder and liquid which removes stains effectively, and desensitizes with a minimum of abrasion. Beta Laboratories, 755 Boylston, Boston 16, Mass.

**Beta Rose**—a concentrated disclosing solution which when diluted becomes an effective disclosing rinse which is easy to use prior to prophylaxis. Beta Laboratories, 755 Boylston St., Boston 16, Mass.

**Preformed Aluminum Shells**—provide excellent temporary protection of teeth during root canal treatment. Available in assortment box of 100. Union Broach Co., Inc., 80-02 51st Ave., Elmhurst, N.Y.

**Maintenance Kit**—for Weber Air Turbine. Consists of set of tools and 3 sets of 2 bearings; also available in package of 3 sets of 2 bearings; and package of 1 set of 2 bearings. Union Broach Co., Inc., 80-02 51st Ave., Elmhurst, N.Y.

**Steri-Blocks**—a color-coded block for setting up instruments for each specific operation. Each block with tools can be autoclaved. Available with Chayes Carbide Burs and Diamond Points. Chayes Dental Instrument Corp., Danbury, Conn.

**Ceramco**—a new porcelain available to laboratories licensed by Ceramco, Inc. Available in kit, including pre-mixed shades, and has been especially prepared for firing to gold. Ceramco, Inc., 34-35 56th St., Woodside 77, N. Y.

**Bonus Pak**—with the Standard or Two-Pak R & R Silicone Impression Material package, a specially designed Silicone Spatula is included gratis. Spatula is correctly shaped with a flat edge on its stainless blade for efficient use. The Ransom & Randolph Co., Toledo, Ohio.

**Amalgam Loading Cup**—avoids messy, wasteful pick-up of mixed amalgam from a flat surface. Attractive stainless cup is designed for the mix to settle down into its vortex. Charles W. Rode Associates, 3343 North Eastern Ave., Los Angeles, Calif.

**Bap Bubble Gum**—sugar-free, non-cariogenic dental gum. Made with a special sorbitol formula sweetener. Also available in variety as NO-DK dental gum. Edwards NO-DK Distributors, Box 24023, Los Angeles 24, Calif.

**Heliodent**—simple in operation, it may be used from a mobile column stand, wall mounted, or where desirable to utilize little space. May also be mounted on unit. Provides enough power to prepare extraoral maxillary radiographs where desired. Siemens-New York, Inc., 118 East 28th St., New York City.

**Difrent**—a new tooth and gum brush. Rows of bristles are mounted at right angle to the plastic handle. Bristles extend diagonally away from the handle and are cut diagonally to permit a sweeping rather than a raking action, massaging gums and brushing teeth at same time. Difrent, Inc., 80 S. E. Taylor St., Portland 14, Ore.

a new, non-narcotic  
oral analgesic compound  
for moderate  
to moderately severe  
dental pain

# Zactirin<sup>®</sup>

Ethoheptazine Citrate with Acetylsalicylic Acid, Wyeth

POTENTLY  
ANALGESIC

DENTALLY  
CONFIRMED



2 ZACTIRIN tablets are equivalent in potency to  $\frac{1}{2}$  grain of codeine plus 10 grains of acetylsalicylic acid



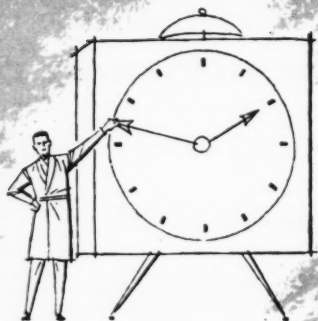
effective, well-tolerated . . . free of codeine's side-effects, of addiction liability, of appreciable drug tolerance



Comprehensive literature available on request

Philadelphia 1, Pa.

SUPPLIED: Distinctive, 2-layer yellow-and-green tablets, bottles of 48 (prescription required). Each tablet contains 75 mg. of ethoheptazine citrate and 325 mg. (5 grains) of acetylsalicylic acid.



# Control setting time to **Suit yourself !**

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**only with Sili-Gel can you do it !**

... Sili-Gel paste-type CATALYST and Exclusive Sili-Gel RETARDER give you the positive control you've wanted ever since the introduction of silicone impression materials... and  
**ONLY Sili-Gel** offers you this advantage!

**NOW** ... because of Sili-Gel paste-type catalyst and exclusive Sili-Gel retarder ... you can speed up or slow down the reaction of this impression medium... you can arrive at *any* predetermined setting time you select!



**AND . . .** because of its paste-type catalyst and exclusive retarder, Sili-Gel is *absolutely stable* — the same setting time a year from now as today!

**PLUS** all these familiar advantages: Easy mixing... pleasant odor and taste... cleanliness... extreme elasticity... toughness of body... dry storage of impressions... split-hair accuracy!

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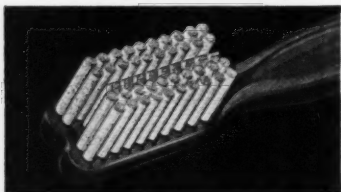
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**P**erfection

**Dental Perfection Co., Inc.**  
543 West Arden Ave., Glendale 3, Calif.

## NEW DUAL-ACTION

**BI-PO**

Send for free sample!



**Five-row brush with multiple tufts in natural bristle or flexible Nylon**



Note unique off-set center row



Short center bristles for scrubbing enamel



Paste is held in center groove

Bi-Po's scientific design is based on clinical research. Because its center row is set at a lower level, it conforms to the convex contour of the teeth and permits penetration of side bristles in embrasures. **Other Models:** 3-row "Junior" for children under 12; 4-row "Shorty" orthodontic.

For free sample and special prices for office supply—write

**BI-PO COMPANY**

616 University Ave., Palo Alto, Calif.

**FOR REHABILITATION  
WORK ...**

**ACCURACY  
INSURANCE**

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**XX QUICK SETTING PLASTER**—for accurate overall impressions

**STURDIROCK**—for accurate, hard models and dies

**PERFECTED INVESTMENT** — for accurate, clean, glossy castings

Guaranteed to satisfy — or return for full credit

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Prices FOB Newark or Chicago



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## APIS MATRIX RETAINER



Practical, versatile, finest quality. Stainless steel. Available in both large or small size holder, bands of 3 sizes (19 mm, 25 mm, 28 mm) and special sizes for deciduous teeth.

Write for details—

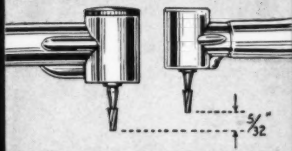
**PFINGST & COMPANY, INC.**

62 Cooper Square

New York 3, N. Y.

# Announcing THE MINIATURE HEAD Aero-Turbex® Handpiece

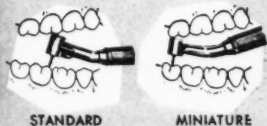
SHORTER IN HEIGHT



NARROWER IN WIDTH



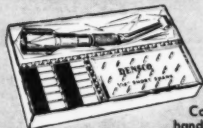
UNEQUALED FOR ACCESSIBILITY



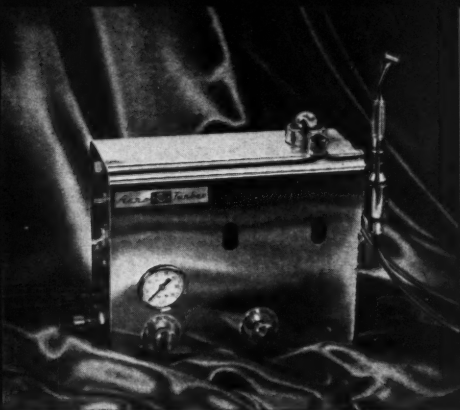
STANDARD

MINIATURE

COMPLETE KIT AVAILABLE



Contains  
handpiece,  
12 short-shank carbide burs,  
and Select-O-Vue block.



**Accessibility... not possible  
with any other air turbine!**

The new Miniature Head Aero-Turbex Handpiece is the smallest air turbine handpiece on the market today... smaller in both height and in width!

Here is the answer for those "difficult" small-mouth posterior regions, restricted buccal areas, or for pedodontia. Greater accessibility is made possible by a reduction in handpiece head size plus special short-shank burs.

This outstanding accessory can be purchased separately for Aero-Turbex outfits already in use, or as a "second" handpiece with new Aero-Turbex outfits. Comes complete in kit which includes 12 short-shank DENSICO Carbide Burs and Select-O-Vue block.

**Just one of the many exclusive features of the DENSICO Aero-Turbex!**

**DENSICO, Incorporated**

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more  
than just  
mechanical  
cleansing...



**Caroid Dental Powder** keeps teeth sparkling clean and free from protein food particles that brushing alone cannot reach. Caroid®—the potent mucosolvent and protein digestant—thins tenacious oral mucin, and helps prevent the formation of soft tartar.

**for every day use:**

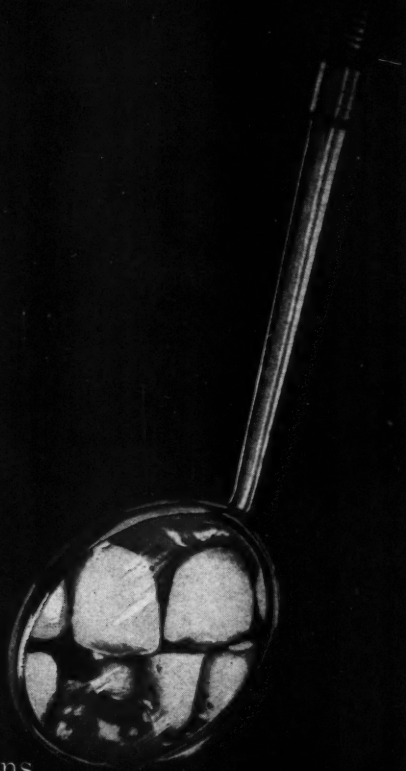
- cleans and polishes teeth *safely*
- raises pH of the oral cavity to inhibit growth of acid-forming bacteria
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- removes stains from metal

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helps your patients to  
master their new dentures  
(only N. F. Gums used)

**KLING®**  
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When  
oral lesions  
reflect B and C deficiencies,  
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**ALLBEE with C**

An "excellent and well-balanced" therapeutic  
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*Provides saturation dosage for peak vitamin values. Inflamed, tender gingivae soon lose "the tendency to spontaneous bleeding and sponginess"<sup>1</sup>... lesions of herpetic stomatitis, herpangitis, aphthous stomatitis often respond "within 48 hours."<sup>2</sup>*

<sup>1</sup> Allison, M. E.: *Oral Surg.* 10:140, 1957.

<sup>2</sup> Neichmann, L. G., and Martin, G. E.: *Oral Surg.* 6:1284, 1955.

*Each economical green and yellow capsule contains:*

Thiamine mononitrate (B <sub>1</sub> )	15 mg.
Riboflavin (B <sub>2</sub> )	15 mg.
Pyridoxine hydrochloride (B <sub>6</sub> )	5 mg.
Nicotinamide (Nicotinamide)	50 mg.
Calcium pantothenate	10 mg.
ASCORBIC ACID (Vitamin C)	250 mg.

*Dosage: One or more capsules daily as clinical conditions indicate, preferably taken at beginning of meals.*

**A. H. ROBINS CO., INC., RICHMOND 20, VIRGINIA**  
*Making today's medicines with integrity... Seeking tomorrow's with persistence*

**SPECIAL OFFER!** NOW ONLY **\$1.75** per pkg.\*  
REGULARLY \$2.50

## S-C INTERIM Accepted A.D.A.

Introducing S-C Interim, the modern version of an all-time favorite remedy. Use as a base . . . for temporary splints and crowns . . . to protect pulp, control pain and make your patient comfortable between visits.

Save now on this introductory special! Send order on your professional letterhead, please.

Offer good only when returned to Dept. O, Stratford-Cookson Company, 261-63 S. 3rd St., Phila. 6, Pa.



**STRATFORD-COOKSON COMPANY**

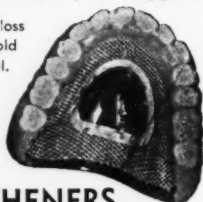
261-63 South 3rd Street, Phila. 6, Pa.

\*Offer expires Dec. 31, 1959

### Extra Strength, Beauty for Uppers

in beautiful high gloss  
stainless steel or gold  
plated stainless steel.

**PRE-SHAPED —  
ready to use**



### FREGO STRENGTHENERS

show through when molded in clear acrylic.

#### SPECIAL FREGO FRAME FOR LOWERS

Helps guard against the common breakage of lower dentures during the cleaning process.

IN ADDITION to the advantages of a thinner, lighter, stronger denture, the FREGO frame improves quality of denture base—for the simple reason that a metal insert cures acrylic better.

P. T. SCHWEYER Dental Specialties,  
4236 West Ave. 42, Los Angeles 65, Calif.  
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Everything new for your comfort and convenience. Completely new rooms—most modern furnishings including air-conditioning. Radio & Television in every room.

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# Oracaine<sup>\*</sup> and HIGH SPEED are like this!



ORACAINE Hydrochloride, the modern anesthetic, is tailor made for the current high speed technics. If you use high speed, you will be particularly interested in these specific advantages of ORACAINE<sup>\*</sup>

ORACAINE<sup>\*</sup> anesthesia is:

1. ALMOST INSTANTANEOUS IN ONSET
2. SHORT IN DURATION—45-55 MINUTES
3. VERY DEEP
4. NOTABLE FOR RAPID DISAPPEARANCE OF SYMPTOMS (ABOUT 30 MINUTES AFTER OPERATING DEPTH LESSENS)
5. ASSOCIATED WITH A HIGH FACTOR OF SAFETY

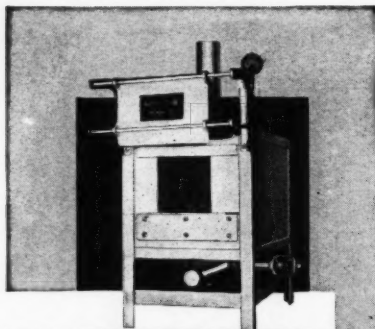
*P.S. Wonderful for your work with children too.*

\*ORACAINE Hydrochloride (brand of meprylcaine hydrochloride) with epinephrine 1:50,000

**Oradent** CHEMICAL CO., INC.

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## THE PROVEN BAKER BURN-OUT FURNACE

Leading technicians everywhere testify to the efficiency of this standard equipment.

It provides low cost, easily controlled heat at any desired temperature up to 2000°F.

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No. 1 Model Heating Chamber:  
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(F.O.B. E. Newark, N. J.)

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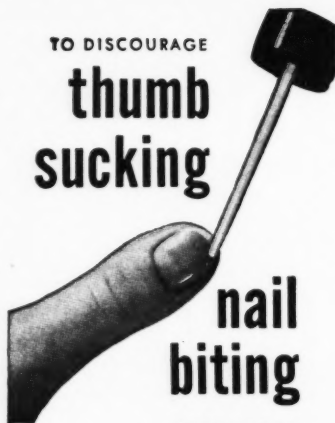
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# 93.3% Effective in Gingival Bleeding

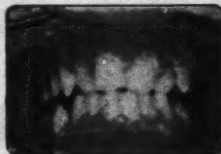
**AMOSAN** produced improvement in the treatment of gingival inflammation.

**AMOSAN** (Sodium Peroxyborate Monohydrated buffered with Sodium Bitartrate Anhydrous) used as a mouth rinse, is a 93.3% effective ancillary agent in the treatment of inflamed bleeding gums. A rigidly controlled triple-blind study at a leading medical center<sup>1</sup> produced those convincing results.

## A typical case history:

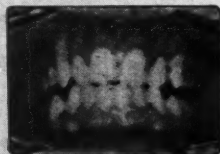
**Sex:** Male **Age:** 18

**Diagnosis:** Acute Vincent's Infection



**FIRST VISIT**

**Treatment:** Regular  
Amosan rinse.



**2 DAYS LATER**

**Results:** After 2 days, all acute symptoms, pain, swelling, tenderness and infection, were gone.

**AMOSAN** is a concentrated oxygenating agent that combats anaerobic oral bacteria without the hazards and expense of antibiotics. It also has detergent and hemostatic actions, yet is gentle and non-irritating with an almost neutral pH (approx. 8).<sup>2</sup> Low surface tension (37.3 dynes per cm.) of AMOSAN solution promotes pocket penetration.

At the first sign of bleeding gums, gingival recession or tooth mobility, use, recommend and prescribe AMOSAN.

## AMOSAN

*Samples and professional literature available on request.*

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1. *The New York Hospital—Cornell Medical Center, Presented as a Scientific Exhibit at the American Dental Association Annual Session, November 1957.*
2. *Behrman, S. J.; Fater, S. G.; Grodberg, D. L.: An Evaluation of Oxygenating Agents in the Treatment of Gingival Inflammation. J. Dent. Med., Oct. 1958.*

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FOR A  
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IT IS ...  
EFFICIENT  
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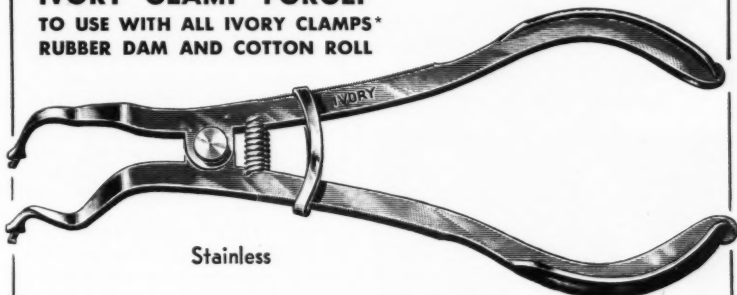
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ONLY SLIGHTLY  
MORE THAN A  
HIGH SPEED  
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Stainless

Has strong, sure and easy leverage for guidance in placing and removing Clamps. Clamps can be easily reversed, bow in front and out of the way when cavity is distal.

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### This Product Appears On The American Dental Association List Of Certified Dental Materials

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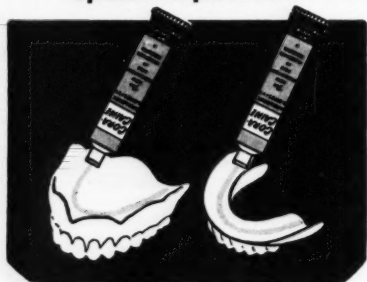
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## **Help Fight TB**



**Use Christmas Seals**

**Won't BURN OUT!**



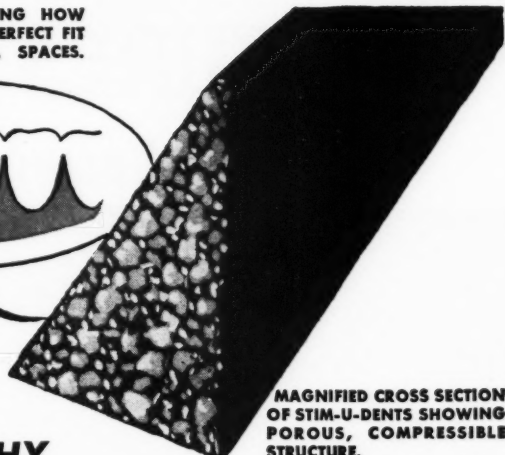
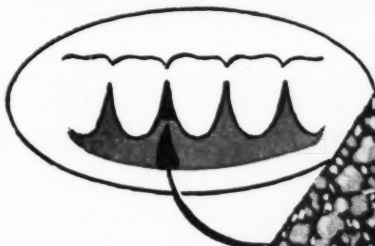
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Powerful, totally enclosed motors with stand repeated overloads. Speed never varies with load. Lubricated for life ball-bearings. No end play. . . chucks changed without stopping. Underwriters' Laboratories Approved.

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STIM-U-DENTS FORM A PERFECT FIT  
IN THE INTERPROXIMAL SPACES.



MAGNIFIED CROSS SECTION  
OF STIM-U-DENTS SHOWING  
POROUS, COMPRESSIBLE  
STRUCTURE.

**HERE'S WHY**

# STIM-U-DENTS

**ARE SO EFFECTIVE**

BECAUSE: WHEN MOISTENED, STIM-U-DENTS, BY REASON OF THEIR COMPRESSIBILITY, form a perfect fit in the teeth spaces not reached by the toothbrush.

When GENTLY MOVED BACK AND FORTH they produce a highly efficient massaging action which thousands of dentists "swear by" for promoting healthy gum tissue and also rendering an invaluable aid in their treatment of PYORRHEA and GINGIVITIS.

SIMULTANEOUSLY, the contacted teeth surfaces are cleaned and polished, food particles that cause BAD BREATH and DECAY are removed, and cervical borders of fillings and crowns are rendered bright and clean and far less likely to recurrence of decay.

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O.H. 11-59

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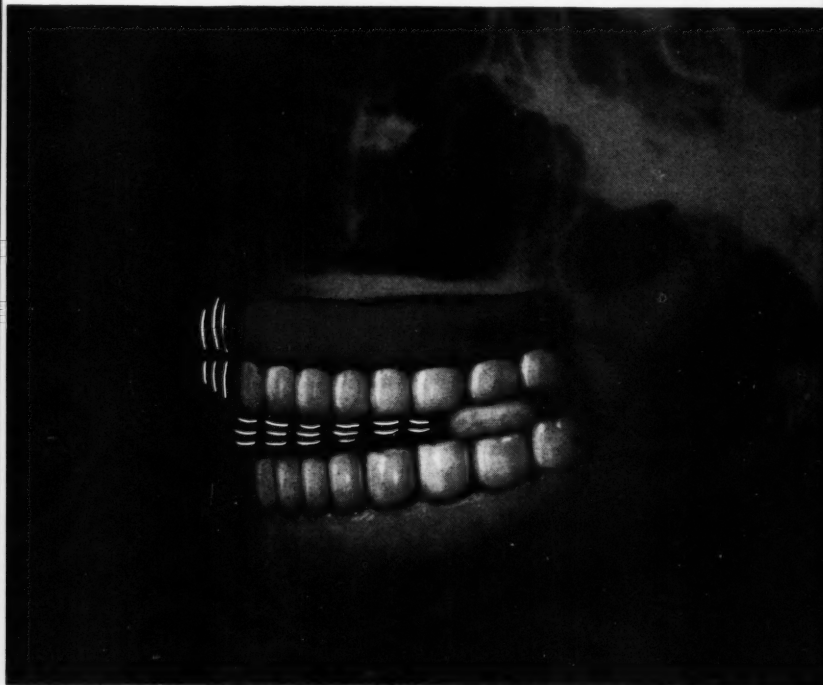


## STIM-U-DENTS

FINISH WHAT THE TOOTHBRUSH LEAVES UNDONE

# DENTURES MEAN EX

Special powder reduces ext

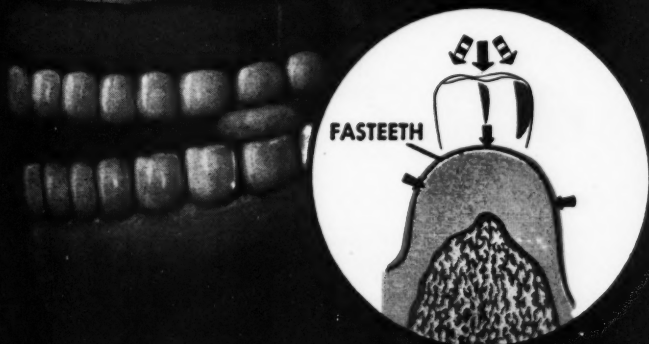


With the average denture 23.3 extra chews were required over the number estimated for natural teeth to reduce food to the swallowing point. This extra chewing effort was attributed partly to discomfort and shock to sensitive tissue—and partly to denture instability.

FASTEETH is made exclusively by  
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# EXTRA CHEWING\*

extra chews almost one-half



With the same dentures using FASTEETH only 12.5 extra chews were required. This alkaline fixative powder forms a protective cushion between plates and gums relieving irritation and distributing shock. It also stabilizes dentures and makes it easier to chew essential foods such as meats and fruits. FASTEETH also improves the patient's mental attitude toward wearing dentures.

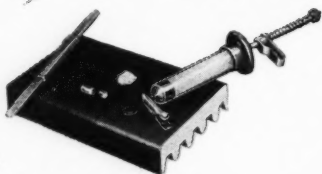
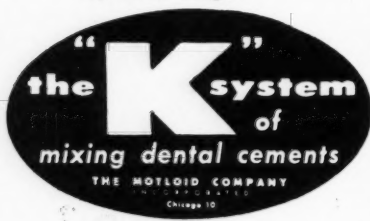
\* Statement based on clinical tests in a large dental college made to determine the number of chews necessary to reduce food to the necessary fineness for swallowing.

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~~WORRY~~ ~~GUESS WORK~~  
~~UNCERTAINTY~~

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Powder in Capsules    Liquid in Cartridges

Powder and liquid always in proper balance . . . always properly proportioned . . . always fresh and uncontaminated.

Score of features to make mixing of dental cements a definite scientific procedure under any and all temperature and humidity conditions.

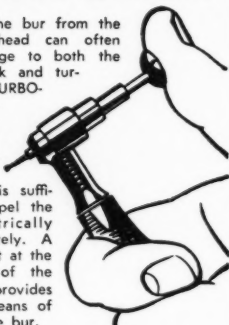
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If You Use A  
**BORDEN AIROTOR**  
These Two Are Essentials . . .

## 1. it's so simple with **TURBOFIX**

Removing the bur from the handpiece head can often cause damage to both the plastic chuck and turbine. The TURBOFIX affords complete protection and also saves time. One push is sufficient to expel the bur concentrically and accurately. A plastic insert at the push end of the TURBOFIX provides a simple means of inserting the bur.



Price . . . . . \$4.80

## 2. no tongue injuries when you use **LINGUFIX**

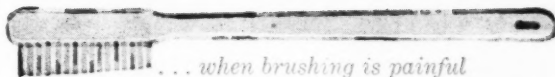
The LINGUFIX is attached to the head of the airtor handpiece. This will effectively keep the patient's tongue away from the bur or grinding wheel while working on the lower jaw.



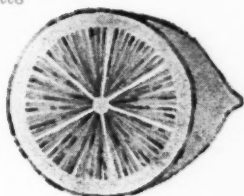
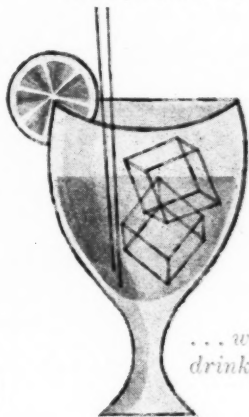
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put your  
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**Thermodent**<sup>T.M.</sup>

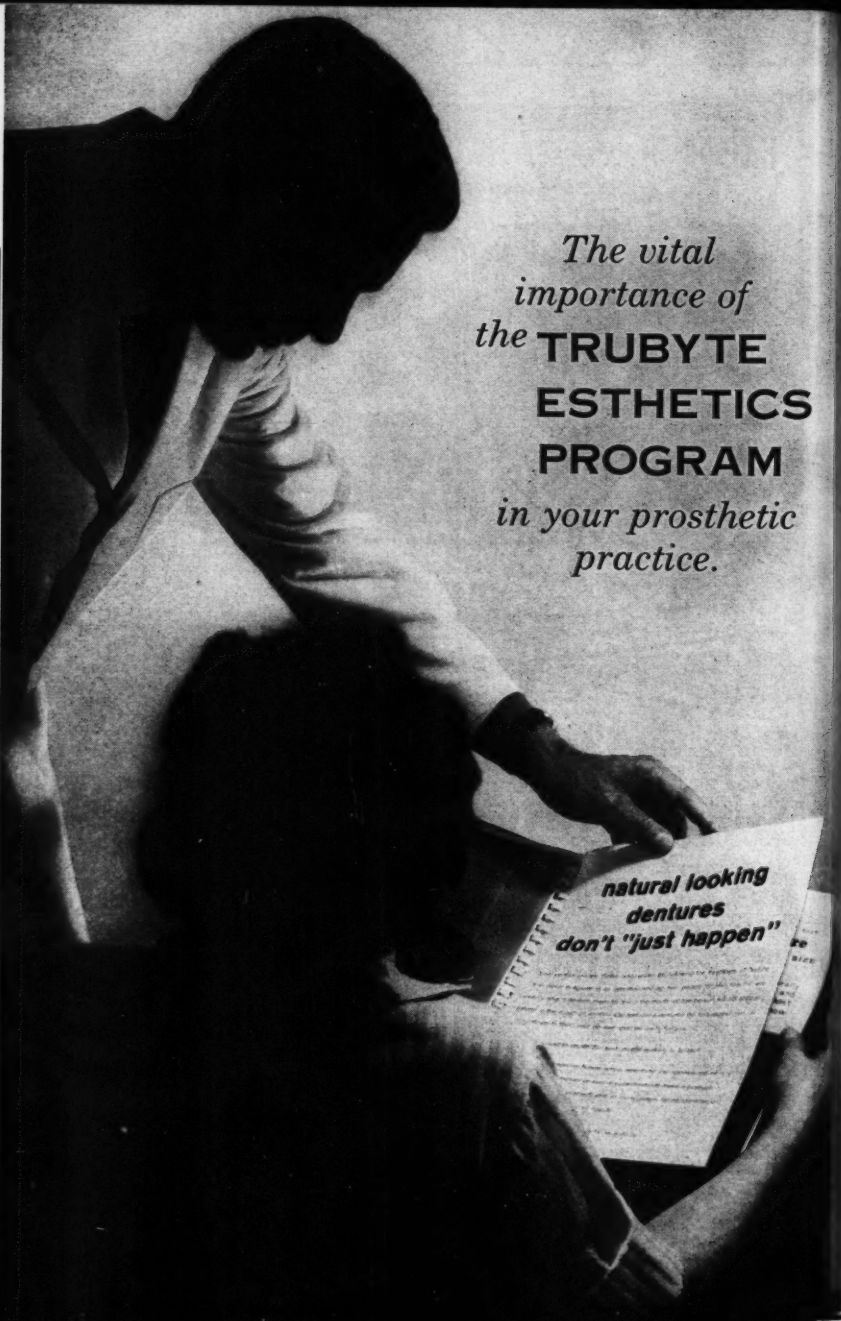
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The most recent report<sup>1</sup> on Thermodent, in which 74 patients were studied, states that 77% realized moderate to complete relief of hypersensitivity. In increasing numbers, patients who formerly could be treated only occasionally now enjoy *continuous* relief through routine brushing with this "at-home" adjunct to office therapy. Not only can they tolerate hot and cold food and drink in comfort, but daily brushing without pain is once again possible. Regular use of Thermodent also helps to overcome the discomfort of dental instrumentation.

Promoted only to the dental profession, Thermodent is available in 2-oz. tubes at all pharmacies.

1. Abel, I.: Oral Surg. 11:491, (May) 1958.

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For pulp capping and for provisional seating of final restorations.

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Light, sturdy, and perfectly angled to rest in the mouth with maximum comfort. Uses soft, pure, disposable gum-rubber tips.

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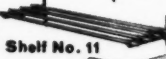
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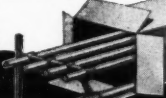
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**3.8% WITH SUPRANOL 1:60,000**

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*Onset* of anesthesia is very fast —  
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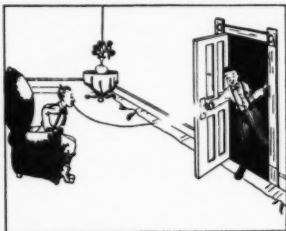
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Temporary Filling and Cavity Seal

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You save	\$ 4.50

During October, November, and December, 1959.

Call  
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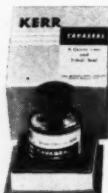
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*the ideal cavity liner*

Kerr Cavaseal is supplied in a combination package containing a bottle of Cavaseal and a bottle of Cavaseal Solvent. It is also supplied in individual packages of each.

- easy to apply ■ dries immediately
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Seals the tubuli and forms an impregnable barrier.

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Cavaseal can be used under all types of filling materials.

Use it routinely and enjoy the protection Cavaseal provides.

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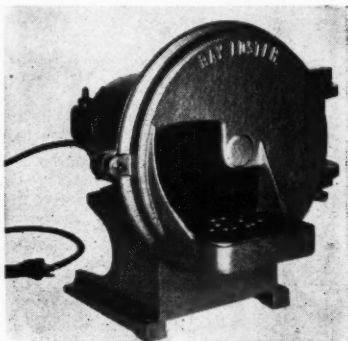
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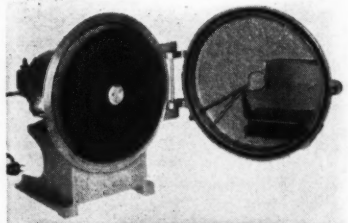
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Examine the 2500\* smooth-top ORAL B fibers. Each one is extremely fine and flexible for reaching difficult areas more effectively. Their gentle action provides effective gingival massage as well as thorough cleansing of tooth structure.

Prescribe ORAL B. Your patients will appreciate the difference.

*\*Oral B 60*

- 1** texture...
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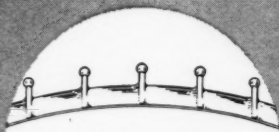
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Individual round-head pins easy-to-catch with ligatures—no traps for food deposits.



The Genuine Winter Fracture Splint is made of strong, easy-to-bend nickel silver covered with untarnishable rhodium, the hardest and whitest of the six platinum metals.

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**Its strength permits restorations not possible with ordinary silicates.**

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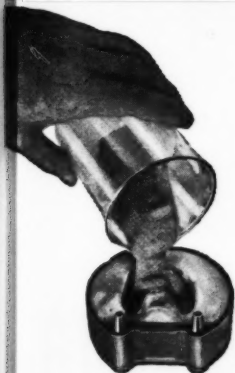
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# Densene\*

provides these advantages by virtue of its strength and the ability to preserve occlusal balance and dimensional stability during and after processing.

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A valuable therapeutic adjunct in maintenance of healthy gingival tissue as well as an effective cleansing and deodorizing agent. Speeds reduction of gingivitis, as shown in a controlled study of 589 patients.\*

\*McDonnell, C. H. and Domalakes, E. F.:  
J. Periodont. 23:219, 1952.



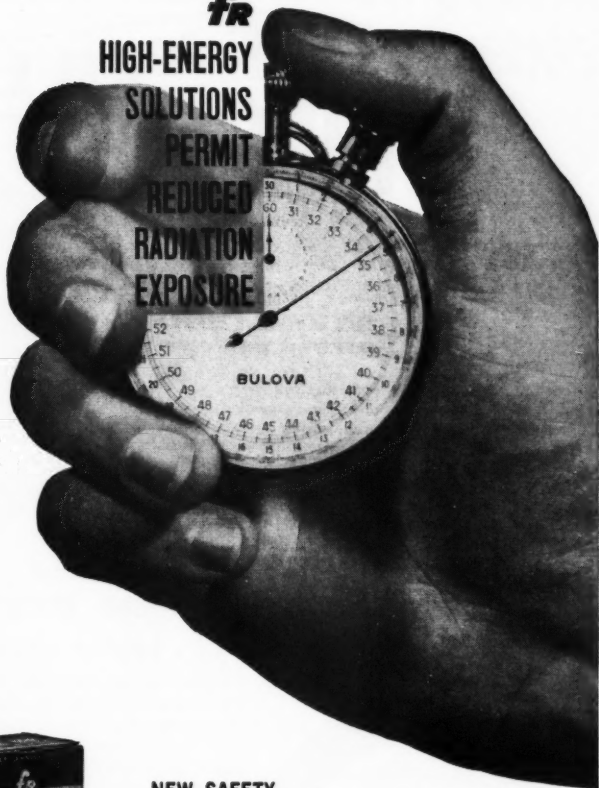
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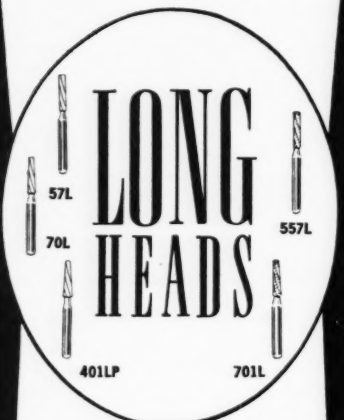
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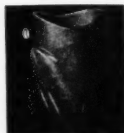
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Glass Clear - Ana'omical Shape - Wide at Neck - Individual Package or Attractive Assortment. **ECONOMICALLY PRICED** — have proven their superiority.

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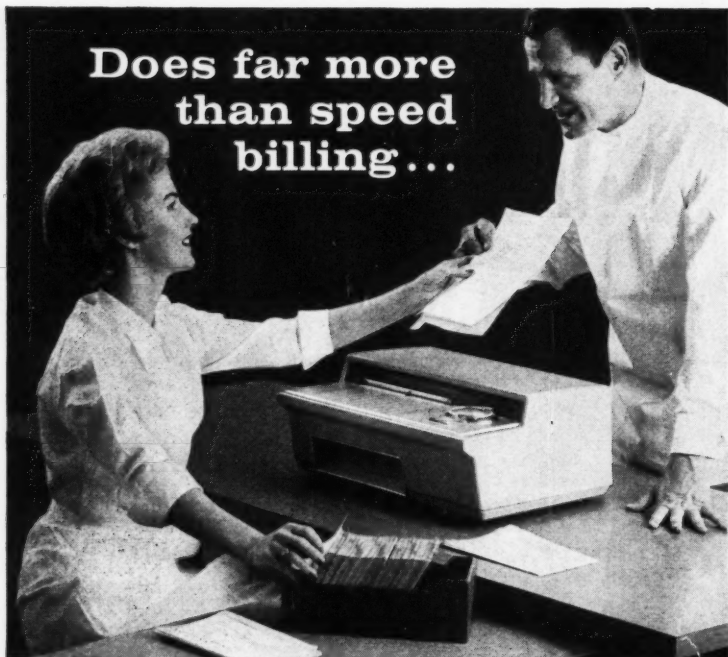
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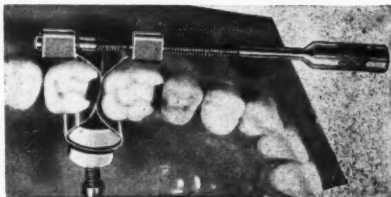


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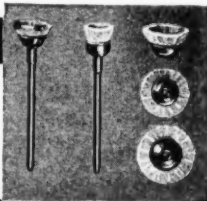


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The synergistic action of high urea and SLS keeps teeth and plaque above the cariogenic pH of 5.5 for more than 24 hours after a single brushing.

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1. J. Dent. Research 28:248, 1949
2. Oral Surg., Oral Med., & Oral Path. 3:155, 1952

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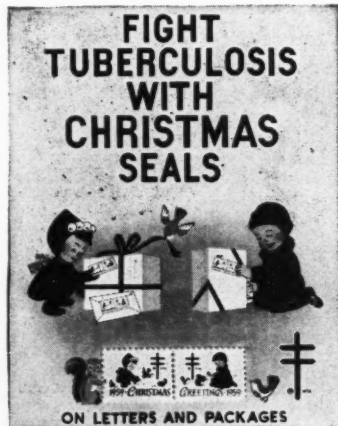
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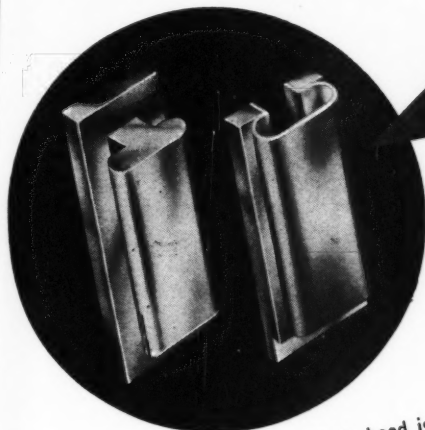
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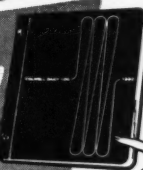
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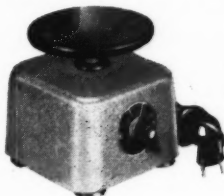
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CORRECT



If the shoulder of the preparation terminates near the axial angles, a casting which would properly support and retain the veneer cannot be formed without showing metal on the buccal surface (see A). Removal of the metal on the axial angles reduces the strength and retention contributed to the veneer by the casting (see B).



Extension of the shoulder into the interproximal areas allows enough room for the gold casting to be designed to aid support and retention of the veneer without interproximal display of metal (see C).

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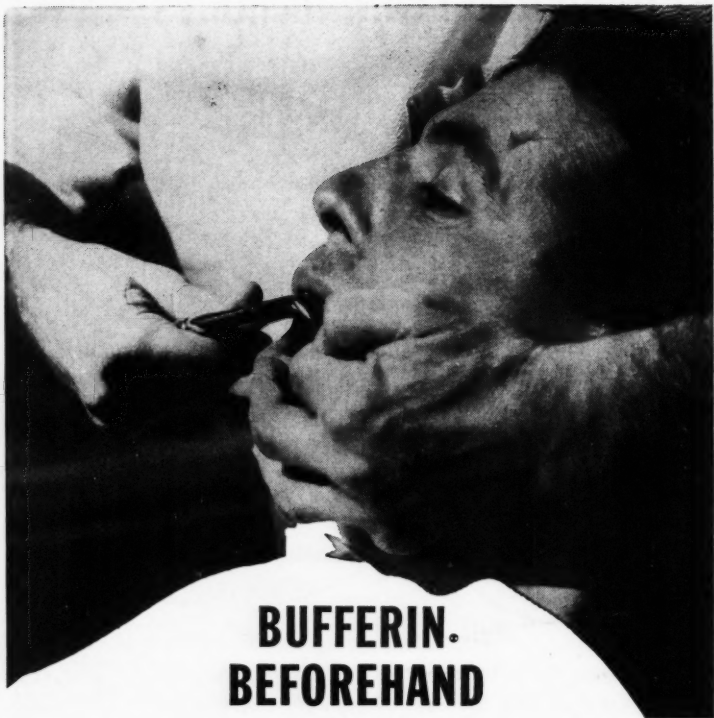
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